**PERCUTANEOUS CLOSURE OF A MITRAL PARAVALVULAR LEAK ANTEGRADELY WITHOUT MAKING A FEMORO-FEMORAL LOOP IN A PATIENT WITH BOTH MITRAL AND AORTIC VALVE REPLACEMENT**

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*Objectives*: We aimed to present a case with previous mitral and aortic valve replacement whose mitral paravalvular leak was closed percutaneously.

Background: Percutaneous closure of mitral PVL is challenging and different methods may be used in this situation.

*Methods:* A 73-year-old man underwent percutaneous mitral PVL closure for symptomatic heart failure. Antegrade approach was used. Following trans-septal puncture, we placed an Agilis steerable introducer in the left atrium. The defect was crossed using a 0.035-inch x260 cm Terumo floppy guide wire over a 5F multipurpose catheter (Figure 1A and B). Floppy wire was exchanged with a stiff wire (Amplatz ES) and this wire was made a loop in left ventricle for support (Figure 1C). Delivery catheter (Amplatzer TorqVue2) was advanced over the stiff wire through the defect (Figure 1D). Amplatzer vascular PlugIII (12mm, 9-AVP3) was advanced and deployed successfully (Figures E and F).

*Results*: Severe mitral PVL was closed almost completely using only a femoral venous access and without constructing a wire loop.

*Conclusion*: Making a femoro-femoral arteriovenous wire loop is the preferred method in the antegrade closure of mitral PVL. But, in case of AVR, crossing the wire through metallic valve is not recommended. Using a stiff wire which is made a loop in the left ventricle, it is possible to advance the delivery sheath without making arterio-venous femoral wire loop.



Figure 1: Angiographic views showing different steps of the procedure (Explanations are given in the text).