**TRANSCUTANEOUS AORTIC VALVE REPLACEMENT (TAVR) VALVE IN TAVR VALVE FOR SEVERE PREIPROSTHETIC REGURGITATION**

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**Background**: The management of post-procedure severe aortic periprosthetic regurgitation after TAVR is unknown.

**Case**: A 79-year-old female with symptomatic severe aortic stenosis with intermediate surgical risk presented to the hospital with one year of progressive shortness of breath. Her echocardiogram showed a mean gradient of 42 mm Hg and aortic valve area of 0.93 cm2. She underwent a transfemoral, transcatheter aortic valve implantation (TAVR) with a 23mm Sapien S3 valve and intraoperative systolic mean gradient decrease to 6 mmHg.

However, the patient’s symptoms did not improve and a repeat transthoracic echocardiogram Post-Operative day 1 revealed significant moderately-severe aortic periprosthetic regurgitation with multiple jets. The next day, she underwent 25 mm Edwards Sapien balloon dilation of prior TAVR without improvement in aortic insufficiency. She then received successful valve-in-valve (ViV) TAVR with an additional 23 mm Sapient S3, with improvement in hemodynamics and symptoms.

**Discussion**: While ViV TAVR has been associated with favorable outcomes for degenerative surgically implanted bioprosthetic valves, there is no evidence based guidelines for immediate ViV TAVR valve in TAVR valve for periprosthetic regurgitation. Our patient underwent a ViV TAVR within 48 hours of her first procedure and showed good response.

**Conclusion**: TAVR Valve in-TAVR Valve may be an option with favorable outcomes for immediate periprosthetic regurgitation following TAVR procedure.

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