**MY WORST COMPLICATION JUST HAPPENED**

**I. Baig**, S. Ahmed, C. Good, A. Alsaid, S. Agarwal

University, Geisinger medical center, Danville, PA, USA

**Objective:** A 96 year old male with symptomatic AS underwent TAVR with #34 Corevalve Evolut R prosthesis. The valve was post dilated using a 28 mm balloon. The final results showed moderate AI. 48 hours post op, he developed acute heart failure. A TEE showed severe AI with holodiastolic flow reversal. An Attempt was made to plug the paravalvular leak.

**Methods** The PVL was crossed using a glidewire supported by AL1 catheter. Attempts to advance the 5 F or 4 F glide catheter through the Corevalve struts failed. The glidewire was then deliberately advanced into the left ventricle & prolapsed out the center of the valve into the ascending aorta & down the descending. A flared 4.5 mm Armada balloon was then passed over the wire to evaluate crossing the stent strut with success, it was decided to snare the stiff angled glidewire out of the left femoral artery for good support and counter traction. A 10 mm AVP 2 was used, the plug appeared inadequate to traverse the entire tunnel. It was recaptured & switched to 12 mm AVP2, using a 8 French destination sheath.

**Results** This reduced the severity of the AI to mild. Attempt to remove the stiff angled glidewire was met with resistance, appearing to be caught between the calcified mass and the plug. Considerable but controlled force was applied to free the wire without any incidents. An aortic root angiography was confirm to ensure patency of left main trunk. The plug was then released in a standard fashion.

**Conclusion** The degree of AI was judged to be mild, with elimination of the holodiastolic flow reversal.

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