tendency to overtreat women at moderate of low CVR. The evidence thus indicates that women at very high or high CVR receive less effective treatment than men in the same risk categories.

Our study highlights the value of research into strategies aimed at increasing health care professionals’ awareness of the need for gender equality in the approach to CVR, especially in relation to women in secondary prevention or at very high or high risk. This would also result in a more efficient use of lipid-lowering drugs.

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implanted in the leak with a very good echocardiographic result and minimal residual mitral regurgitation (Figure 2).

The patient was discharged 3 days later and remains asymptomatic 6 months after the procedure.

Complete percutaneous treatment of a failed surgical repair with significant valvular and para-ring regurgitation can be performed in high-risk patients, with transfemoral closure of mitral para-ring leak and implantation of Edwards SAPIEN XT in the mitral ring during the same procedure.

The strategy of the intervention is essential to avoid potential complications, enabling the success of the procedure and improving the final result.

In this case, the 2 arteriovenous loops were performed at the beginning of the procedure, implanting the valve before the leak closure. This approach may have different advantages; the size and shape of the leak can be modified after the valve implantation, providing better apposition between the ring and the surrounding tissue, thus reducing the leak size and easing the para-ring leak closure. In addition, the valve structure provides better anchor for the vascular plug that can be easily delivered, monitoring at the same time a potential interference of the device with the implanted valve.

The first cases of transcatheter valve implantation inside the mitral ring were performed with Melody valves, but the use of the Edwards SAPIEN XT is now preferred. The limited size of the Melody valve restricts the ring size suitable for implantation of this valve. Furthermore, the lower profile and flexing possibilities of the Edwards delivery facilitates valve deployment.

An additional problem for the valve-in-ring implantation is that the mitral rings have a more oval shape whereas the valve has a round shape. In this regard, the greater radial force of the Edwards system valve in addition to a slow inflation can benefit the adaptation of the ring to the valve shape, with better result.

Complete transfemoral repair of a degenerative surgical mitral bioprosthesis with significant paravalvular regurgitation can be

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**Figure 1.** A: Three-dimensional transesophageal echocardiography of the wire (arrow) crossing the paravalvular leak. B: Balloon septostomy. C: Advance of the 29 Edwards SAPIEN XT valve into the mitral ring. D: Valve implantation, with 80% of the valve into the left ventricle.
performed in high-risk patients with valve-in-ring implantation and para-ring leak repair during the same procedure.

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Figure 2. Para-ring leak closure. A: Sheath advance through the leak, into the left ventricle. B: Advance of the 14/5 Amplatz vascular plug III device. C: Vascular plug implant. D: Final echocardiographic result (SAPIEN XT valve, arrow. Vascular plug, asterisk).