A 62-year-old woman presented with degenerated mitral bioprosthetic valve. Transesophageal echocardiogram (TEE) showed transvalvular leak with a diastolic mean gradient of 14 mmHg and paravalvular leak with moderate eccentric mitral regurgitation (Figure A,B). Her aortic valve prosthesis was fully functional. She was deemed an unsuitable candidate for redo sternotomy and was planned for transapical valve-in-valve (ViV) procedure in mitral position.1 A 29-mm SAPIEN 3 transcatheter heart valve (THV) was selected to fit the inner diameter of the surgical prosthesis and was oversized by 1 mm. Flaring the skirt of the THV, the paravalvular leak was sealed (Figure C,D).

A 44-year-old man was admitted with heart failure after bioprosthetic mitral valve replacement. Preoperative TEE confirmed the bioprosthesis to be degenerated and showed paravalvular leak. After ViV implantation1 of a 29-mm SAPIEN 3 THV, TEE showed paravalvular regurgitation to be disappeared. Sealing was achieved due to obliteration of the atrial entry to the leak by the skirt of the THV.

These are, to our knowledge, the first reported incidences in which ViV deployment of a SAPIEN 3 THV designed to avoid paravalvular leaks around the THV2 also treated and obliterated a pre-existing paravalvular leak outside the sewing ring of surgical bioprostheses.

Disclosures
The authors declare no conflicts of interest.

References

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Department of Cardiovascular Medicine, Heart and Vascular Institute (A.A.O., T.B.), Department of Cardiothoracic Anesthesiology, Anesthesiology Institute (A.K.), Cleveland Clinic Abu Dhabi, Abu Dhabi, United Arab Emirates
Mailing address: Thomas Bartel, MD, PhD, Department of Cardiovascular Medicine, Heart & Vascular Institute, Cleveland Clinic Abu Dhabi, PO Box 112412, Abu Dhabi, United Arab Emirates. E-mail: bartel.t@gmx.at
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![Figure](https://example.com/figure.png)

Figure. (A,B) Preoperative and (C,D) postoperative (A,C) 2-D and (B,D) 3-D echocardiography in a 62-year-old woman with degenerated mitral bioprosthetic valve, showing closure of leak by valve-in-valve implantation. LA, left atrium; LV, left ventricle; PL, paravalvular leak; S, skirt; THV, transcatheter heart valve; TL, transvalvular leak.