CATHETER CLOSURE OF SINGLE PVL (PARAVALVULAR LEAK) MAY EXACERBATE PVL AT ANOTHER LOCATION: A REPORT OF TWO CASES

Takeshi Arita(1) / Hidehiko Hara(2) / Hirotaka Noda(1) / Taku Yokoyama(1) / Go Hashimoto(2) / Hiromichi Sonoda(3) / Akira Shiose(3) / Ken-ichi Hiasa(4) / Keita Odashiro(1) / Koichi Akashi(1)

1) Division of Cardioangiology, Department of Medicine, Kyushu University Hospital
2) Department of Cardiology, Toho University Ohashi Medical Center
3) Department of Cardiothoracic Surgery, Kyushu University Hospital
4) Department of Cardiology, Kyushu University Hospital

CASE1
A 70-year-old female who underwent mitral valve replacement twice developed heart failure due to severe PVL at medial location. Small PVL was also noted at the lateral location. We performed catheter closure of medial PVL using Occlutech PLD device with marked reduction in PVL. Six months later, echocardiography revealed exacerbation of lateral PVL.

CASE2
An 85-year-old male with a history of mitral and aortic valve replacement developed heart failure due to PVL. Echocardiography revealed severe medial PVL and trivial lateral PVL. We performed transapical catheter closure of medial PVL using Occlutech PLD device with an elimination of PVL at the medial location. Two months later, he developed severe hemolytic anemia for which exacerbated lateral PVL is thought to be culprit.

In cases with multiple PVLs, single closure of PVL may exacerbate another PVL possibly due to altered hemodynamical load.