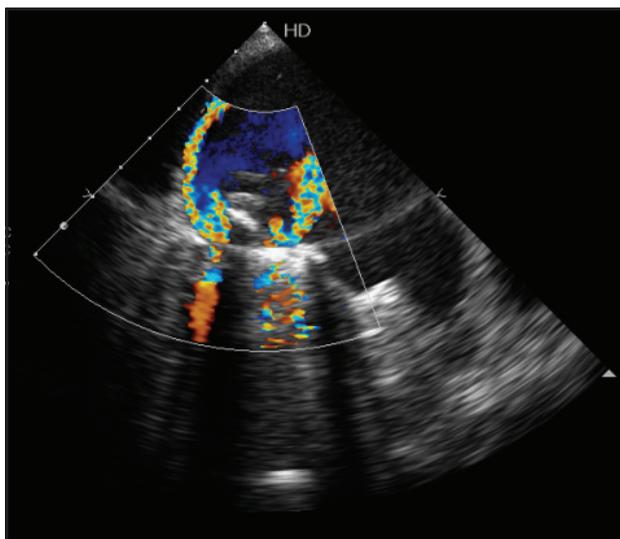
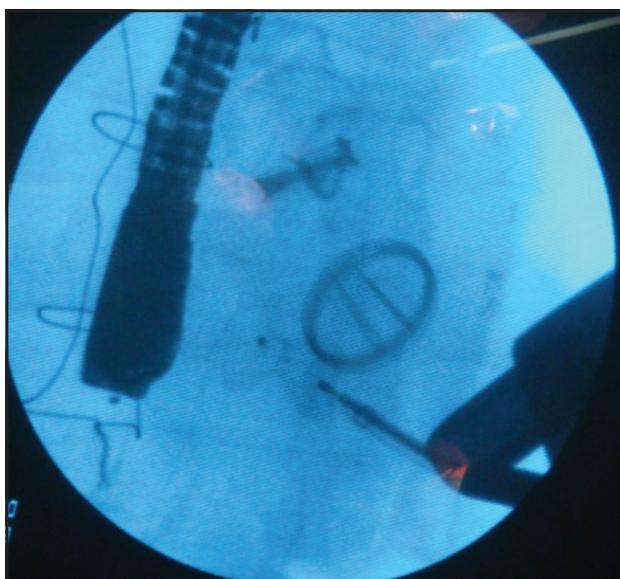


Percutaneous closure of a mitral paravalvular leak

To the Editor

We have read with great interest the case presented by Dr. Nau et al. (1) about percutaneous closure of a mitral paraprosthetic leak. However, to avoid the publication bias that favors satisfactory results of a procedure, we wish to communicate some unfortunate experiences with the percutaneous closure of mitral paravalvular leaks. As authors say, when facing the impossibility to implant the closure device through a retrograde way, we have also resorted to the transapical direct approach through a minimum thoracotomy.



We have the opportunity to verify the device release that, circulating freely in the left atrium, generated a prosthetic mitral regurgitation when locking the free movement of a mechanical prosthesis. (See Video on the Web about the device floating freely). Finally, we have treated a man with heart failure secondary to mitral paravalvular leak that after the implantation of a closure device, the unique and wide leak orifice was converted into two small orifices with quickly flows that generated severe hemolysis in the postoperative period. This hemolysis required surgery to remove the device and perform the direct closure of the prosthetic dehiscence (See Video on the Web with double leak that generated hemolysis).

Although there are specialists with great training, the percutaneous closure of paravalvular leaks is not exempt from problems and complications and at the moment this closure does not replace the open-sky surgical closure, preferably through right lateral thoracotomy.

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BIBLIOGRAPHY

1. Nau G, Albertal M, Vrancic M, Ronderos R, Sánchez G, Navia D y col. Cierre percutáneo de fuga paravalvular. Rev Argent Cardiol 2011;79:537-40.

First Latin American score in cardiac surgery (ArgenSCORE)

To the Editor

The work presented by Dr. Victorio C. Carosella et al., "First Latin American score in cardiac surgery (ArgenSCORE): external and temporal validation, 10 years from its development", (1) gives us an important tool to predict the risk our patient has when he undergoes a cardiac surgery. As precedents of this work in Argentina, two large multi-center registers of cardiac surgery were carried out, CONAREC and ESMUCICA, and subsequently CONAREC XVI arose. Considering medical, technological and surgical advances in the last years; surgical results in our country are improving and being validated to international standards. I would like to congratulate ArgenSCORE authors for the development of a score with external and temporal validation. This work shows that in our country, there is an interest in knowing the result of our surgical practice and also

the power to predict with accuracy the surgical risk with a local score.

Evidently, the improvement in surgical technique and in pre-operative cares allowed the population with greatest risk in the validation set to have a similar result as regards mortality. The aforementioned mortality is greater in the population with greatest risk but with a broader CI, as it is observed in Figure 1 of the work.

The development of a specific local score for patients who were operated due to coronary disease

and another score for patients who were operated due to valvular diseases could be set out in the future.

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BIBLIOGRAPHY

1. Carosella VC, Grancelli H, Rodríguez W, Sellanes M, Cáceres M, Cohen Arazi H y col. Primer puntaje latinoamericano en cirugía cardíaca (ArgenSCORE): validación externa y temporal a 10 años de su desarrollo. Rev Argent Cardiol 2011;79:500-7.