The perspective is avoid to carry on as we do considering this entity simplistically as black or white picture—culprit or innocent bystander’. Since then, large multicentre clinical databases, based on standardized definition, are required to identify criteria that justify the link between clinical sign and/or symptoms and a given pattern of MB as the primary culprit and which move beyond the current empirical approach to the clinical management of this frequent coronary anomaly.9,10

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**References**


**Transcatheter closure of paravalvular leak secondary to left ventricular peri-annular pseudoaneurysm**

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Left ventricular (LV) pseudoaneurysm is a clinically rare condition, often difficult to diagnose; one-third of the occurrences result from a surgical procedure, mostly mitral valve replacement (MVR). The detailed anatomy of sac and its communication can be delineated with a transoesophageal echo-cardiogram (TOE), cardiac MRI, or contrast CT scan.

We report a case of a 77-year-old woman, who underwent an MVR with a mechanical prosthesis. After 3 years, she developed infective endocarditis. A TOE showed a wide posteromedial paravalvular leak, determining a severe regurgitant jet into the left atrium (LA) (Panel A); furthermore an LV recess was detected just below the origin of the jet confirmed by a contrast CT-scan (Panel C, arrow). The rupture was located in the posterior atrio-ventricular groove, creating a LV pseudoaneurysm communicating with the LA (Panel D, arrow). Because of a high surgical risk, a transcatheter closure of the defect was planned. The leakage was crossed with a retrograde approach. The Mullins catheter was advanced in the LV and an extra-stiff Amplatz wire was placed in the apex for positioning the 9F guiding catheter (Panel D), used for the implantation of an AMPLATZERR™ Duct Occluder 10/12 mm (J Jude, Inc., USA) (Panel E). Finally, successful leak closure of the defect was achieved (Panel F, asterisk). The patient was discharged after 5 days.

A catheter-based closure approach for a paravalvular leak and LV pseudoaneurysm has been described before. We report an uncommon case of transcatheter treatment of an LV peri-annular pseudoaneurysm ruptured in the LA, in a patient with a previous MVR and endocarditis.