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(Article begins on next page)

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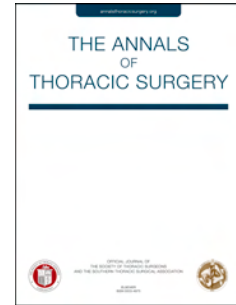
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Rescue aortic root replacement for endocarditis after TAVR

To the Editor:

We have read with great interest the case-report by Zhigalov and colleagues [1]. They presented a 75-years-old patient treated for a prosthetic valve endocarditis after TAVR (TAVR-PVE). The success of the surgery was ascribed to the reduction of the operative trauma and length of the procedure using a minimally invasive approach and a sutureless aortic valve prosthesis, respectively.

We recently performed an uneventful surgical aortic root replacement for TAVR-PVE: a 58 years-old patient, previously implanted with Medtronic Corevalve Evolut R prosthesis (Medtronic Inc, MN) for chest irradiation, developed endocarditis due to *Staphylococcus lugdunensis*. The aortic root was completely resected for two reasons: firstly, the aortic wall was strained by the Corevalve stent; furthermore, we intended to remove any possible infective source. A peri-aortic abscess was excluded with a pericardial patch and a 27 mm valved Bioconduit (Biointegral Surgical Inc, ON, Canada) was implanted to replace the aortic root (Figure 1). No complications occurred after surgery and during the first year of follow-up.

Zhigalov and coll. correctly denoted that most patients with TAVR-PVE are treated conservatively, even if with poor results [2]. Standing the worldwide increasing adoption of TAVR, also in low-risk patients, we are agreed that the TAVR-PVE would be an emerging issue, with need of appropriate treatment solutions. However, we suggest a tailored surgery for TAVR-PVE, based on the patients' risk profile: a less invasive approach may be useful in the patients with high/intermediate surgical risk, but a radical surgery could be more effective for the eradication of the infection in low-risk patients.

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Figure Legend

Figure 1: Prosthetic endocarditis [A, B], aortic abscess [C, arrow] excluded with patch [D, arrow].

