Surgical-transcatheter approach for endocarditis of a calcified aortic homograft


Repeat aortic valve replacement (AVR) after freestanding homograft root replacement with reimplantation of the coronary arteries is challenging and risky, especially in patients with major homograft wall calcifications. Although new transcatheter techniques for AVR may offer an alternative in structurally degenerated homografts, they are not suitable to treat endocarditis. Here, the case is reported of successful treatment of bacterial endocarditis within a totally calcified homograft after aortic root replacement by combining conventional surgery and transcatheter techniques.

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