alternatives. However, in the case presented here, we show that it is safe to leave a prosthesis in the ascending aorta if it is stable and does not compromise the flow in the supraaortic vessels.

Ignacio Cruz-González, a, Javier Martín-Moreiras a, and José María Hernández-García b

a Servicio de Cardiología, Hospital Universitario de Salamanca, Salamanca, Spain
b Servicio de Cardiología, Hospital Clínico Universitario Virgen de la Victoria, Málaga, Spain

* Corresponding author: cruzgonzalez.ignacio@gmail.com (I. Cruz-González).

Available online 28 January 2011

**REFERENCES**


doi:10.1016/j.rec.2010.08.007

---

Figure 1. A: angiographic image showing moderate-to severe aortic insufficiency due to low implantation of the prosthesis. B: traction using a snare catheter. C: relocation of the prosthesis in ascending aorta; the patency of the supraaortic vessels can be observed. D: implantation of the second prosthesis. E: echocardiographic follow-up showing the situation of both prostheses. F: computed tomographic image showing the situation of both prostheses.
the procedure, and normal conduction parameters were obtained: AH interval of 52 ms, HV 40 ms; functional and effective refractory periods of the AV node of 420 ms and 290 ms, and Wenckebach point of 320 ms. An electrophysiological catheter was maintained in the bundle of His with conduction intervals recorded throughout the procedure. During the release of the prosthesis, the patient had complete and permanent intra-Hisian AV block (Fig. 1). A permanent pacemaker was therefore implanted. The patient was still pacemaker-dependent at the follow-up after 18 weeks, with a percentage stimulation of 100%.

ECG changes suggesting a lesion towards the bundle of His have been described in the literature, such as the widening of the QRS with or without left bundle branch block, though this was not shown electrophysiologically. For the first time, this case shows the effect of implanting a percutaneous aortic valve prosthesis in the conduction tissue, affecting the bundle of His in particular, the part of the conduction system closest to the aortic annulus.

**CONFLICTS OF INTEREST**

Dr. César Morís is Proctor for Medtronic, Inc., for the implantation of the CoreValve percutaneous aortic valve prosthesis.

José M. Rubín,∗ Pablo Avanzas, David Calvo, and César Morís

Área del Corazón, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

∗ Corresponding author:
E-mail address: jmrl100@gmail.com (J.M. Rubín).

Available online 28 January 2011

**REFERENCES**


doi:10.1016/j.ij.csl.2010.10.013