The Perceval S is a bovine pericardial valve with a self-expendable nitinol frame. The design of this prosthesis closely resembles that of the Freedom Solo (Sorin Group) stentless prosthesis that was associated with a higher incidence of SVD at 5 years.³ However, in this case, the patient's age and history of chronic kidney failure are 2 major risk factors that could explain the early SVD observed.⁴ Thus, this report of early Perceval degeneration should be taken with caution.

CONCLUSIONS

Previously published case reports on the CoreValve (Medtronic, Inc, Minneapolis, Minn) prosthesis removal described an easy explantation with proper aortic wall endarterectomy.⁵ As a result of the Perceval S prosthesis design, we first thought that the removal would be easily performed. In this case, the prosthesis stent was covered by neoendothelialization and included in the aortic wall.

The hardest part to free was the sealing collar that was imbedded in the aortic annulus. Half of the crossclamp time was dedicated to the prosthesis removal because of a careful and meticulous cautery dissection of the prosthesis collar to avoid damaging the aortic annulus and the need for aortic root replacement.

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EDITORIAL COMMENTARY

The potential emerging truth about balanced sacrifices in surgery

Fraser D. Rubens, MD, MSc, FACS, FRCSC

From the Division of Cardiac Surgery, University of Ottawa Heart Institute, Ottawa, Ontario, Canada.

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Address for reprints: Fraser D. Rubens, MD, MSc, FACS, FRCSC, University of Ottawa Heart Institute, 40 Ruskin St, Ottawa, Ontario K1Y 4W7 (E-mail: frubens@ottawaheart.ca).

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When I was a trainee, much of our academic discussion regarding valve choice centered on long-term results. Durability was paramount, and surgical teams were loath to make the most minute changes that could possibly jeopardize those outcomes. ("What? You changed the color of the valve holder?") We recognized the commitment that performing a maximally invasive series of interventions, such as a sternotomy, cardiopulmonary bypass, and opening a cardiac chamber, entailed that what we put in had better last the duration. With this approach, despite the aging of our clientele, outcome results were getting better and better.

Is this the coal mine canary of the Perceval valve?

Central Message

Durability is one of the key criteria surgeons weigh in valve choice. This case highlights the need for renewed critical focus on the balance of facilitating valve insertion and long-term outcomes.

See Article page e71.

Enter the minimally invasive generation. These advances constitute brilliant technology, which in specific situations afford the potential to further minimize operative risk. But a conceivable jeopardy comes with the seductive new rationalization that approach could trump durability. In other words, could we endanger long-term outcomes by implanting a device that is lower risk to the patient but may not last as long? The transcatheter aortic valve replacement movement best exemplifies this concern. We are now considering routine implantation of percutaneous valves in intermediate-risk patients. Whereas we would previously lose sleep over a 1- to 2-year difference in durability history, we are now considering routinely inserting valves that have not even shown 5-year results, and this argument does not appear to be a signal in the decision tree.

The Perceval (LivaNova, London, United Kingdom) valve is a brilliant addition to the surgeon's armamentarium. There are particular patients in whom its insertion may be lifesaving. The team at the Montreal Heart Institute has a solid reputation for the use of this technology, and so when they report a problem, we have to take notice.¹

Bouhout and colleagues¹ have described a case of what appears to be early and unexpected valve degeneration. It is imperative to view this report critically, and the readers must remain extremely skeptical and ask themselves if this is real. Was this case a function of problems during insertion? Unfortunately, this is unlikely according to the information given and the experience of the team. Was it a manufacturing defect? I certainly hope not. If it is real, can we picture that this is the canary in the coal mine? Or is it an expected incidence conforming to the leftward tail of a normal distribution of durability that we hope centers around 12 to 15 years?

Going forward, this *Journal* and others must keep our radars keen to catch the next event to ascertain if this report is a signal of problems to come with this technology. The last thing we want to do is to experience long-term pain for short-term gain.

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