Transcatheter aortic valve implantation is popularly employed for aortic stenosis in elderly individuals with high surgical risk\(^1\). However, severe residual insufficiency still remains an issue and seldom requires surgical valve implantation following valve explantation. The procedure may be challenging both for the patient and the surgeon. Here, we report the case of an 81-year-old female patient with a transcatheter-implanted aortic valve who was admitted due to shortness of breath. Severe aortic insufficiency was revealed upon performing echocardiography. Surgery was scheduled. The valve stent was integrated in the calcified ascending aorta wall, as observed during surgery (Figure 1A). The aorta wall was damaged during extraction; hence, supracoronary ascending aorta replacement was performed simultaneously with bioprosthetic valve implantation. The explanted valve is presented in Figure 1B. The patient is now well at the 16-month follow-up.

**REFERENCE**


---

**Correspondence**

Ahmet Barış Durukan  
E-mail: barisdurukan@yahoo.com  
Submitted: 08.09.2018  
Accepted: 17.09.2018  
© Copyright 2018 by Koşuyolu Heart Journal.  
Available on-line at www.kosuyoluheartjournal.com