provide further unambiguous assessment of the potential long-term clinical benefits of DES with a bioresorbable polymer.

**Supplementary material**

Supplementary material is available at *European Heart Journal* online.

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**References**

The list of references is available in the online version of this paper.

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**CARDIOVASCULAR FLASHLIGHT**

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**Combined intracardiac and epicardial device closure of a large left ventricular pseudoaneurysm**

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An 81-year-old man with a history of coronary artery bypass grafting presented with left ventricular anterolateral free wall rupture with formation of a large left ventricular pseudoaneurysm. He was referred to us for catheter-based repair as he was felt to be high risk for poor outcome with surgical repair. Pre-procedural CT scan (Panel A) and intra-procedural cine-angiography (Panel B) clearly demonstrated a large left ventricular pseudoaneurysm. Initially a retrograde aortic approach was used to place an 18 mm ASO device with satisfactory device seating confirmed by fluoroscopy (Panel C). Surprisingly, when the patient returned for 2-week follow-up, CT scan demonstrated enlargement of the pseudoaneurysm despite the device appearing to be nicely seated (Panel D) as also demonstrated on cine-angiography (Panel E). An alternative approach was then necessitated, with direct puncture of the pseudoaneurysm through the left chest (Panel F) and coil embolization of the pseudoaneurysm (Panels G and H). The puncture site was closed with an 8 mm Amplatz Vascular Plug II (Panel H, arrow). He did well post-procedure and follow-up CT scan showed complete occlusion of the pseudoaneurysm with no further enlargement (Panel I).

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