



Letter to the Editor

Ray of potential with Manta

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Dear Editor,

We read with interest the observational study by Biancari et al. [1] They report a similar risk of major vascular and bleeding complications (adjusted for sheath size) with the novel MANTA™ collagen-based vascular closure device (VCD) compared to ProGlide suture-based pre-closure and a reduced need for additional closure devices during transfemoral TAVR.

Our experience described a comparison with another suture VCD, Prostar-XL, with similar encouraging VARC-2 outcomes. [2,3] The composite outcome of minor and major bleeding at the main access site showed a large numerical difference in favour of MANTA albeit with only a trend to statistical significance. Major bleeding was significantly reduced with MANTA™, hemostasis obtained in <1 min and its use was associated with a lower length of stay. A similar low frequency of bleeding has been described in the SAFE-MANTA IDE [4] but observations from a forthcoming large registry are awaited. [5]

Arterial puncture technique using systematic ultrasound and/or a learning curve may account for differences in major complications. High femoral punctures can trap excess tissue between the endovascular foot-plate and the subcutaneous collagen plug leading to device failure.

The data for MANTA from single-arm studies are thus far complementary and encouraging. Vascular and bleeding complications are the most frequent adverse outcomes in TAVR. Suture-based pre-closure techniques are subject to great outcome variability and a significant learning curve. The advent of safe, efficacious, ease-of-use percutaneous collagen-based closure would enhance a minimalist approach, and help make outcomes more reproducible. Randomized and cost-effectiveness data would be ideal.

The authors report no relationships that could be construed as a conflict of interest.

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