

## NEWS

**DR. WILLIAM ZOGHBI NAMED  
PRESIDENT OF THE AMERICAN SOCIETY  
OF ECHOCARDIOGRAPHY**

Dr. William Zoghbi, director of the Cardiovascular Imaging Center at the Methodist DeBakey Heart & Vascular Center in Houston, was elected president of the American Society of Echocardiography. He took over the duties of leading the respected 14,000 member organization on June 9, 2008 in a ceremony in Toronto.

"We are honored to have such an outstanding national leader practicing at the Methodist DeBakey Heart & Vascular Center," said Dr. Miguel Quinones, chair of the department of cardiology at The Methodist Hospital. "Dr. Zoghbi is so respected because he has driven the development of cardiac imaging to allow earlier detection and better management of heart disease. He's also very devoted to his patients and to teaching - he's an exemplary physician and colleague, a true leader."

Zoghbi, who also holds the William L. Winters Endowed Chair of Cardiovascular Imaging at Methodist, is a leader in the field of echocardiography and Doppler ultrasound. He has devised new noninvasive techniques to evaluate valve disorders and cardiac function. He has authored more than 175 original publications in the field of cardiovascular imaging and frequently speaks on these topics around the globe.

Zoghbi has played a major role in the American Society of Echocardiography (ASE) through many educational venues and committees. He has served on the board of directors of the ASE and was chair of the ASE Annual Scientific Sessions in 2005. He has also been actively involved with the American College of Cardiology (ACC) and the American Heart Association for more than two decades, most recently serving as ACC treasurer and member of the board of trustees. He is on the editorial board of *The Journal of the American College of Cardiology (JACC)*, has served as associate editor of *Circulation*, *The Journal of the American Heart Association*, and is associate editor of the new journal *JACC-Cardiovascular Imaging*. Zoghbi has served as chair of the ACC Annual Scientific Sessions and was appointed co-chair of the ACC's multimodality imaging task force to set guidelines for training in cardiovascular imaging in the United States.

**MITRAL VALVE LEAK REPAIRED  
THROUGH TINY PUNCTURE HOLE**

Physicians at the Methodist DeBakey Heart & Vascular Center at The Methodist Hospital in Houston now close certain types of leaky heart valves through a tiny puncture in the groin, using live 3D imaging for precise guidance. Methodist offers this combination treatment as an alternative to open heart surgery.

Drs. Sashi Guthikonda and Neal Kleiman, interventional cardiologists at Methodist, recently used a catheter to close a leak surrounding a 65 year old patient's mitral valve, rather than exposing her to a potential fourth open heart surgery. The leak was causing such damage to her blood that she was constantly weak and needed multiple blood transfusions.

"Many physicians and cardiologists don't know this procedure is available at all, but closing a leaky valve this way saves our patients from the trauma of open heart surgery," said Guthikonda, who learned this procedure during his fellowship at Emory University Medical Center. "This procedure, which only requires a 3 mm incision, leads to significantly less pain, much faster recovery and much lower overall risk than surgery."

During the procedure, the cardiologist snakes a catheter from patient's groin into his or her heart, where a small device called a duct occluder was deployed, like an umbrella, to close the leak around the mitral valve.

Live 3D transesophageal echo (TEE) imaging helped guide the movement and placement of the device to accurately close the leak. This advanced visualization provided the cardiologist with a more precise view of the leak from all sides.

"Live 3D images help us quantify the severity of the injury like never before," said cardiologist Dr. Stephen Little, who specialized in cardiac imaging and participated in the treatment. "It also provides us with a higher degree of confidence in the placement of the device and enables us to better assess the success of the repair."

The minimally invasive technique is called a percutaneous paravalvular leak repair, and it is performed in a catheterization lab rather than in an operating room. The duct occluder is made of a metal mesh that holds its place once deployed in the leak.