This is the case of an 83-year-old man with symptomatic, severe aortic valve stenosis referred for transcatheter aortic valve implantation (TAVI). The echocardiogram revealed the presence of a severely calcified stenotic aortic valve (0.6 cm²) with bicuspid anatomy [figure 1A]. The computed tomography scan revealed an Agatston calcium score of 17,727 [figure 1B], a 30 mm aortic annulus diameter, and dilated aortic root and aortic angulation > 70º [figure 1C]. Aortography was performed [figure 1D].

Crossing the aortic valve with a guidewire for 60 min using catheters of various curves/sizes and several types of guidewires (with or without J-shaped tip, whether hydrophilic or not) was attempted by 2 highly skilled operators. Strategy, then, changed and a XB4 6F left coronary guide catheter (Cordis, United States) was used to manipulate a 0.014 inch hydrophilic Pilot 50 intracoronary guidewire (Abbott, United States) that easily crossed the aortic valve [figure 1E]. A 6-Fr guide catheter extension system (Deeper, IHT-Cordynamic, Spain) was mounted on the wire and advanced to the left ventricular apex [figure 1F]. Afterwards, the intracoronary guidewire was replaced by a 0.035 inch extra-stiff guidewire by removing both the guide and extension catheter systems [figure 1G]. This original new approach took just 5 min.

The impossibility of crossing the aortic valve with a guidewire is rare. In our case the difficulty was due to a severely stenotic valve with massive calcification, bicuspid morphology, horizontal aorta, and dilatation of both the aortic root and the annulus.
This case is a truly original and novel technique, simple and safe, to achieve the guidewire crossing of a very stenotic aortic valve with a complex anatomy. This technique illustrates the cross-over use of coronary and structural interventional tools to solve complex problems.

Consent was obtained from the patient for the publication of this case.

**FUNDING**

None reported.

**AUTHORS’ CONTRIBUTIONS**

All authors contributed to data collection, drafting, review, and approval of the manuscript.

**CONFLICTS OF INTEREST**

J. M. de la Torre-Hernández is editor-in-chief of *REC: Interventional Cardiology*. The journal’s editorial procedure to ensure impartial handling of the manuscript has been followed. The other authors do not declare any conflict.