

# INSUFFICIENZA MITRALICA DEGENERATIVA DIAGNOSI E RIMEDI A CUORE CHIUSO

Esperienze condivise: non sempre tutto va come vorremmo...Come possiamo rimediare?



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## MitraClip in previous surgical edge-to-edge mitral repair

- 76-year-old man
- 2002: mitral surgical repair with stitching (surgical edge-to-edge mitral repair) of the posteromedial commissure between A3-P3 scallops without annuloplasty
- 2009: hemicolectomy for colon cancer complicated by intestinal infarction requiring ileostomy
- 2010: left thromboflebitis and pulmonary embolism treated with chronic oral anticoagulation
- 2011: surgical removal of lung metastasis
- Permanent atrial fibrillation since May 2013
- Increasing dyspnea for less than ordinary activity in the last 8 months (NYHA Class III)

## MitraClip in previous surgical edge-to-edge mitral repair

#### Transthoracic echocardiography:

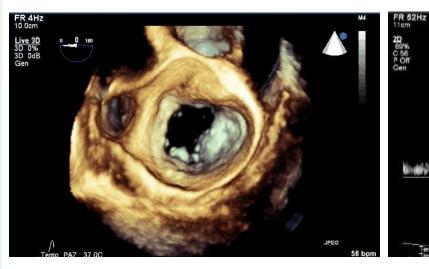
- Severe MR (vena contracta 8 mm)
- Mean diastolic gradient= 1 mmHg
- Transesophageal echocardiography:
  - Large prolapse of P3, extended to P2, due to partial detachment of the edge-to-edge stitch
  - Severe regurgitant jet (P2-P3)
- Patient was deemed at very high risk for redo surgery that he refused anyway
- Percutaneous MV repair with the MitraClip was proposed

## **Baseline TEE**

### **3D** surgical view

#### Pulmonary venous flow reduced systolic wave

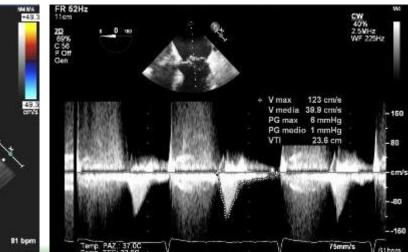
11 18



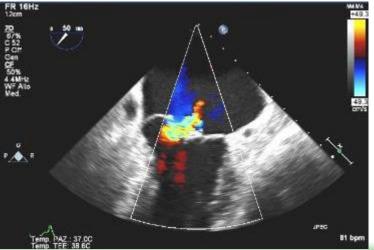
### Mean diastolic gradient (1 mmHg)

-20

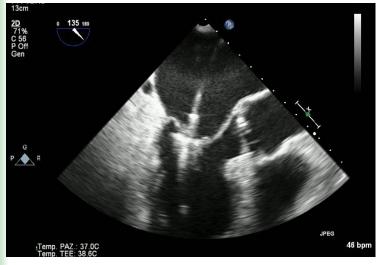
75mm



**Color Doppler** 



# Several attempts at leaflet grasping were made



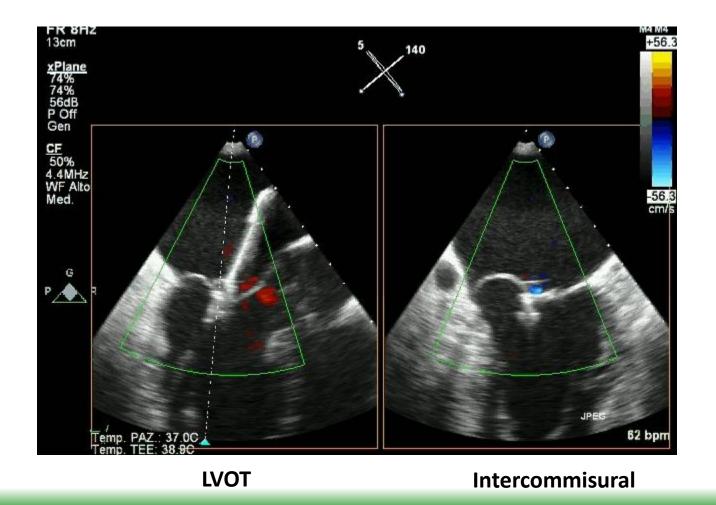
LVOT

FR 52Hz 13cm 2D 71% C 56 P Off Gen Gen P Off R C Temp PAZ: 37.0C Temp TEE 38 BC 58 bpm

LVOT

# We finally succeeded

# **XPlane**

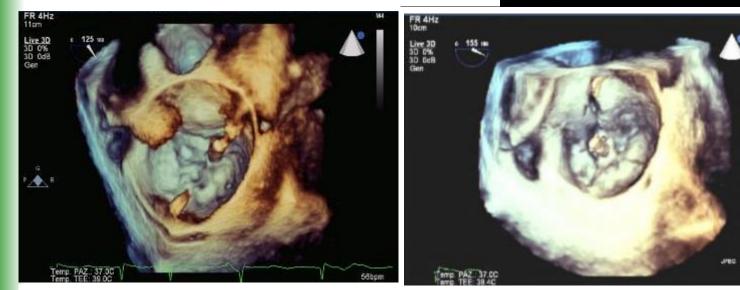


### 1<sup>st</sup> clip deployment close to the posteromedial commisure

**Pre-detachment** 



Baseline



Post-detachment

53 bpm

## **Preprocedura TEE**

0 50 180

FR 16Hz 12cm

2D 67% C 52 P Off Gen CF 50% 4.4MHz WF Alto Med.

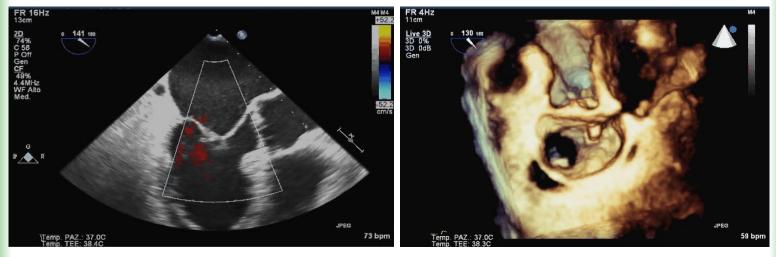
G P\_\_\_\_R

### **Color Doppler**

### **3D** surgical view FR 4Hz 10.0cm M4 M4 +49.3 3D 26% 3D 0dB Gen -49.3 Gm/s JPEG JPEG A .Temp. PAZ.: 37.0C Temp. TEE: 38.8C 81 bpm 56 bpm

### After 1<sup>st</sup> clip

Temp. PAZ.: 37.0C Temp. TEE: 38.6C



# 2<sup>nd</sup> clip deployment in a more lateral position to obtain a better leaflet stabilization without functional stenosis



**Pre-detachment** 

Post-detachment

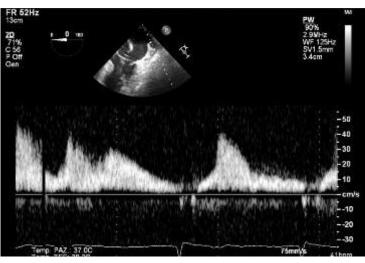
# After 2<sup>nd</sup> clip

#### **3D** surgical view

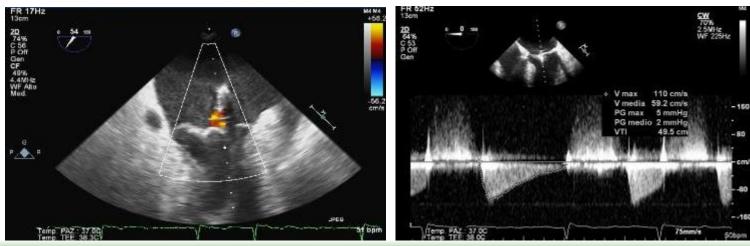
### Normalization of pulmonary venous flow



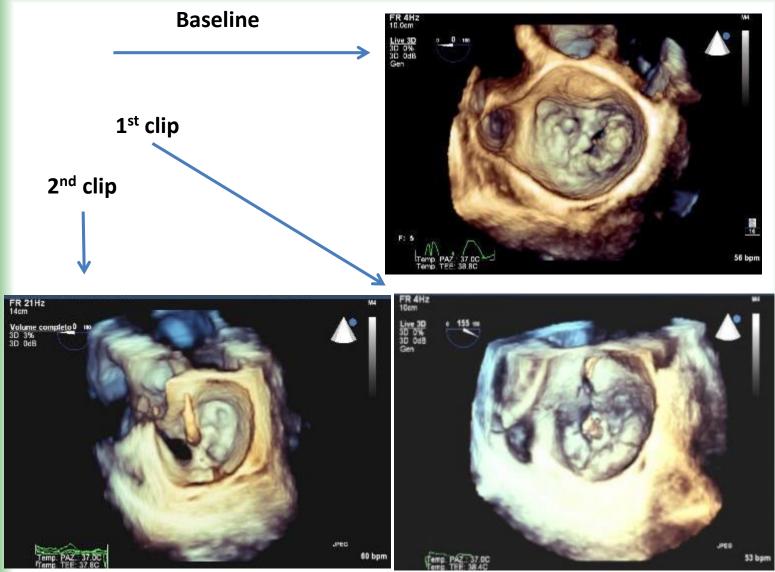
#### Color Doppler (vena contracta 2 mm)



### Mean diastolic gradient (2 mmHg)



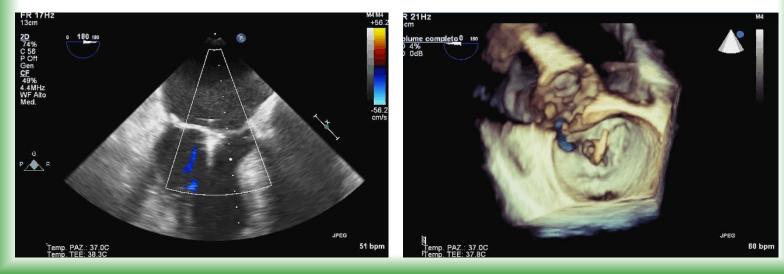
# **3D surgical view**



# Preprocedura TEE

#### **Color Doppler 3D** surgical view FR 16Hz 12cm ₹4Hz 0cm +49.3 50 180 re 3D 26% 0dB C 52 P Of Gen CF 50% 4.4MHz WF Alto Med. -49.3 cm/s б Р\_\_\_\_\_Я JPEG Baseline JPEG Baseline 81 bpm 56 bpm

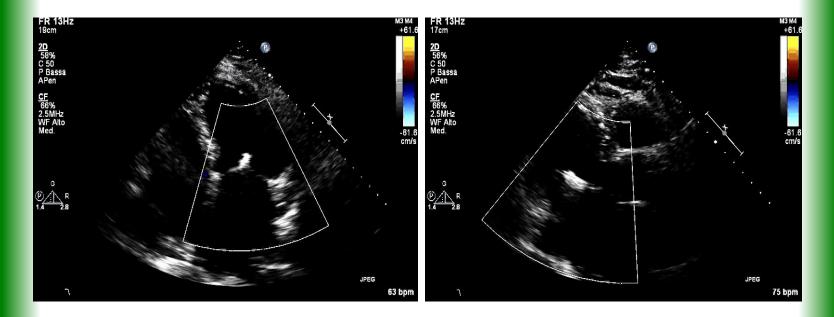
## **Final Result**



## **One-month Follow-up**

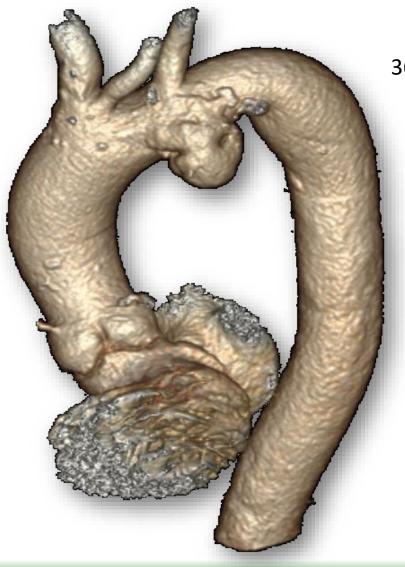
### Significant clinical improvement (NYHA Class III)

### TTE



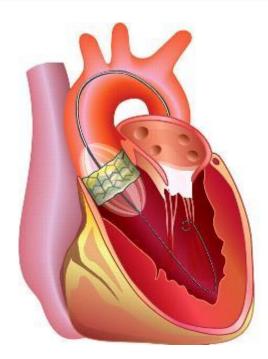
- Male, 81ys
- Severe aortic valve stenosis (NYHA II-III, syncope)
- Bicuspid aortic valve
- Normal EF
- CAD (previous inferior MI, cronic occlusion CDx)
- Obesity, dislipidemia, ipertension
- Polyneuropathy

# Aortic arch aneurysm



36 x 46.8 mm

# **TAVI + DEBRANCHING + TEVAR**

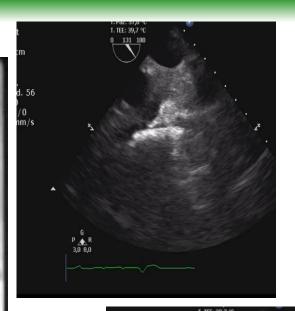


Edwards Sapien3 29mm



### TAVI

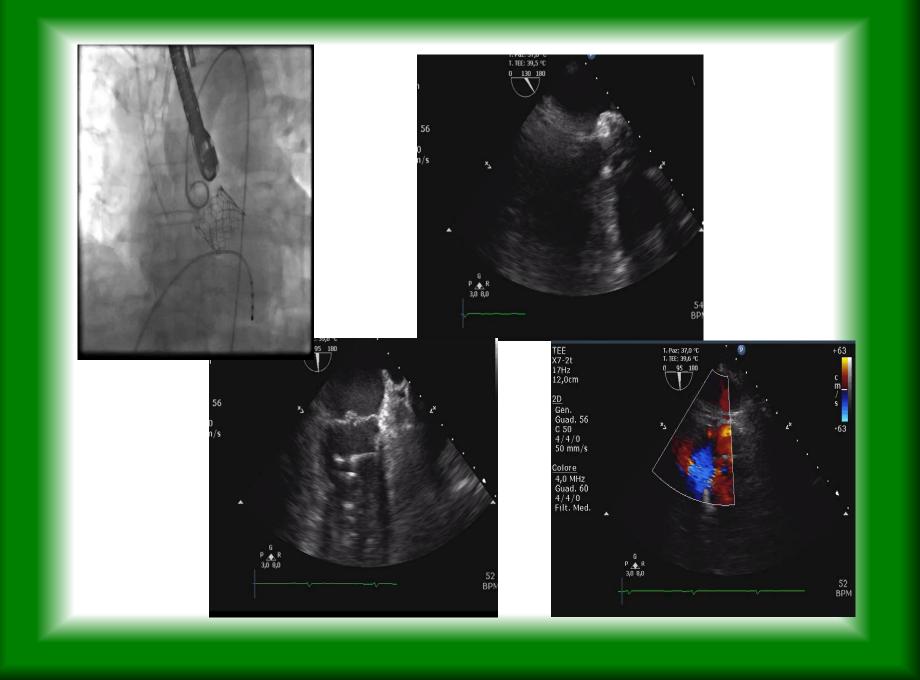


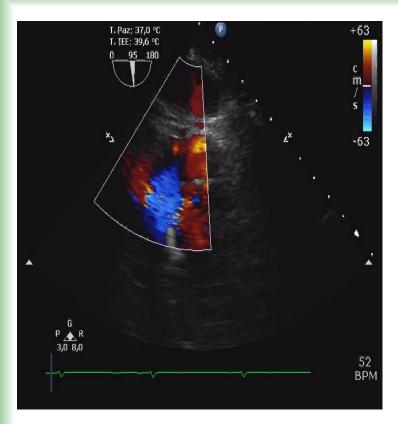


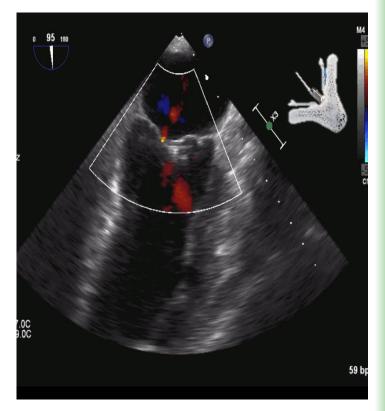
Appearance of severe mitral anterior leaflet flail with chordae rupture

0 m/s









Trivial MR after MV repair with 2 MitraClips in the same session

Severe MR immediately after TAVI

