14th AICT
ASIAN INTERVENTIONAL CARDIOVASCULAR THERAPEUTICS
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How I would treat this patient

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Conflicts of Interest

Speaker's name : Edgar Tay
I have no conflicts to declare

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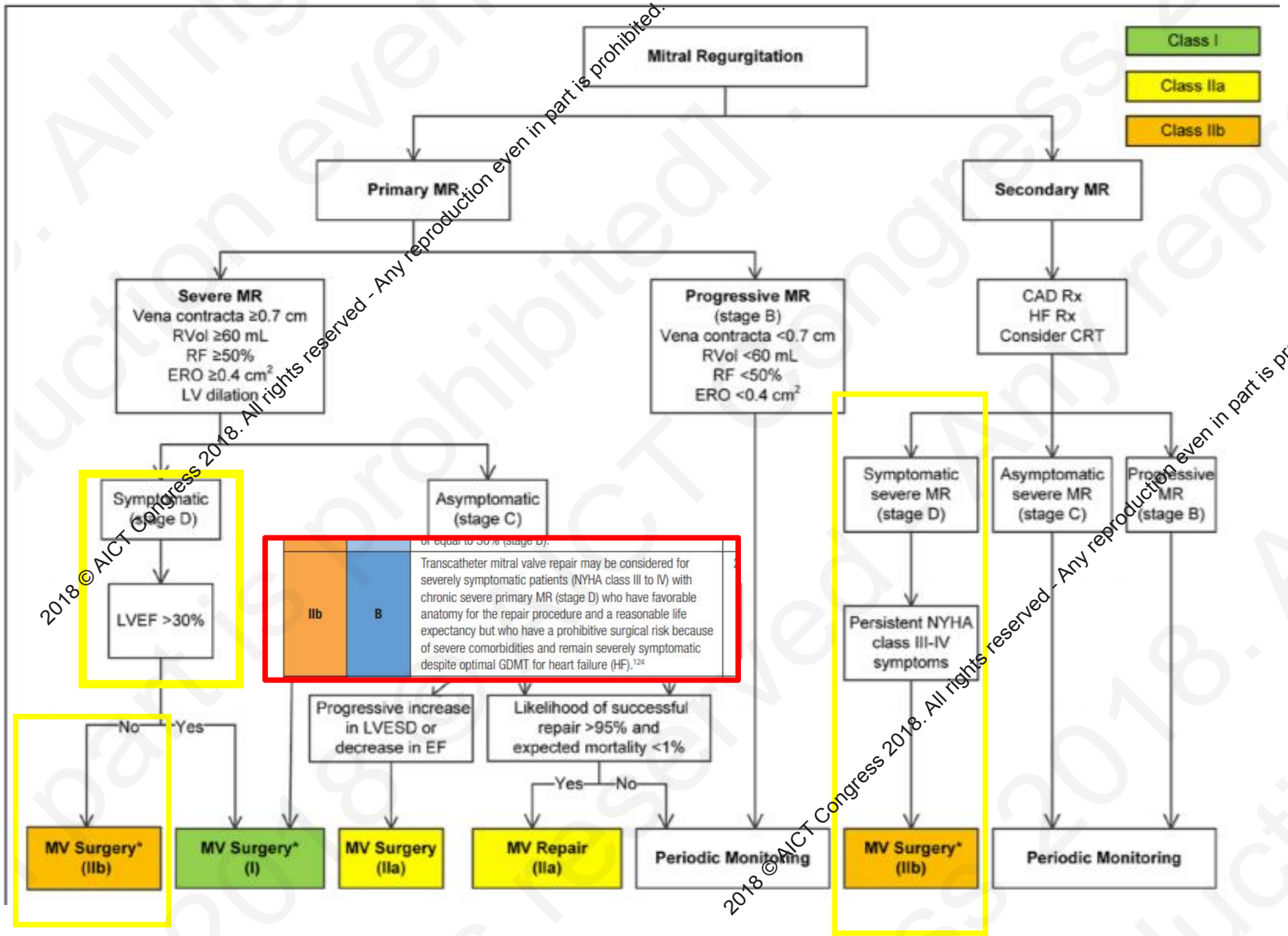
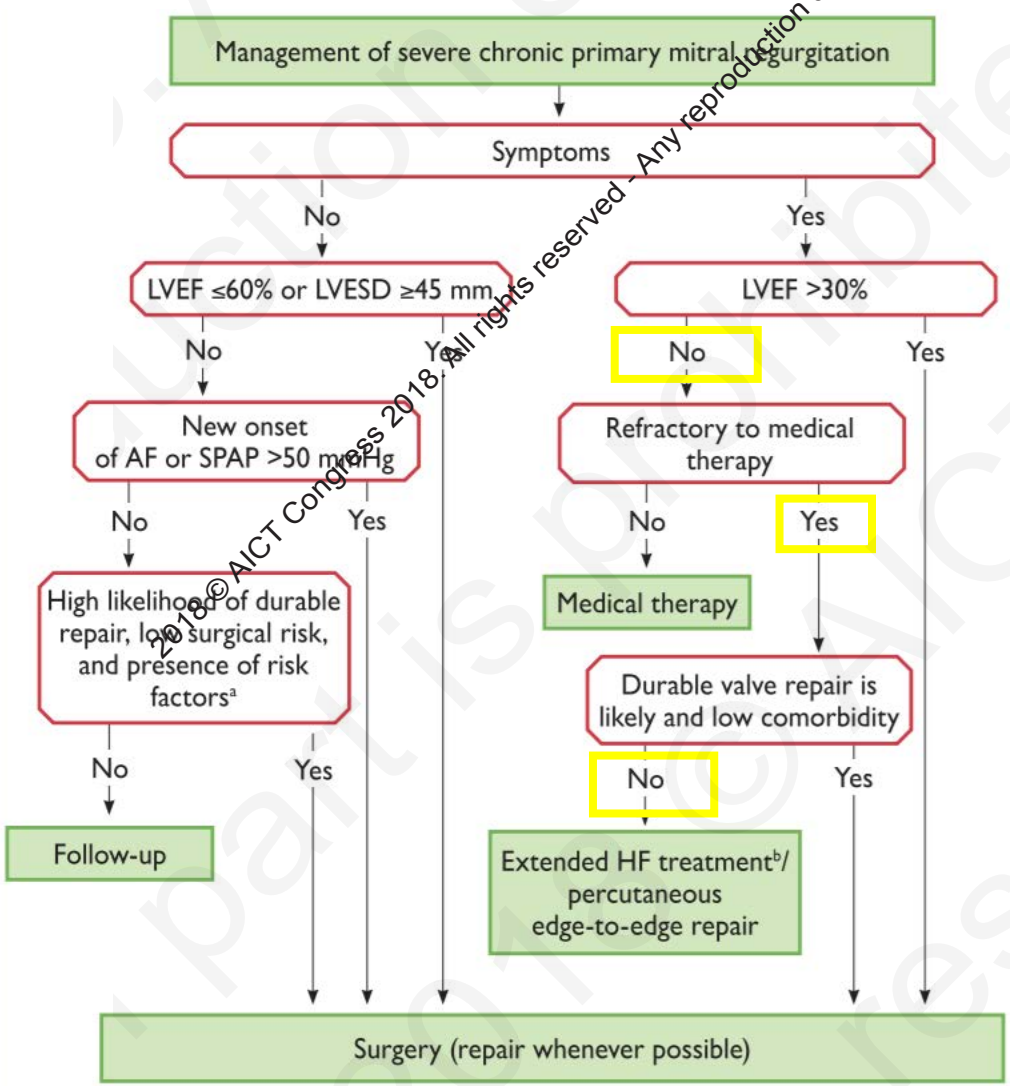


What do guidelines say (ESC)?



Mitral valve replacement may be considered in symptomatic patients with severe LV dysfunction (LVEF <30% and/or LVESD >55 mm) refractory to medical therapy when the likelihood of successful repair is low and comorbidity low.	IIb	C
Percutaneous edge-to-edge procedure may be considered in patients with symptomatic severe primary mitral regurgitation who fulfil the echocardiographic criteria of eligibility and are judged inoperable or at high surgical risk by the Heart Team, avoiding futility.	IIb	C
In patients with severe secondary mitral regurgitation and LVEF ≥30% who remain symptomatic despite optimal medical management (including CRT if indicated) and who have no option for revascularization, the Heart Team may consider a percutaneous edge-to-edge procedure or valve surgery after careful evaluation for a ventricular assist device or heart transplant according to individual patient characteristics.	IIb	C

Risks

- STS Score 2.72 mortality
- Morbidity/Mortality 24.5%
- Age/fraility/RV dysfunction/Pulmonary hypertension

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Understanding etiology

- ? Infective vs degenerative lesion on valve
- Blood cultures

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Targets of treatment

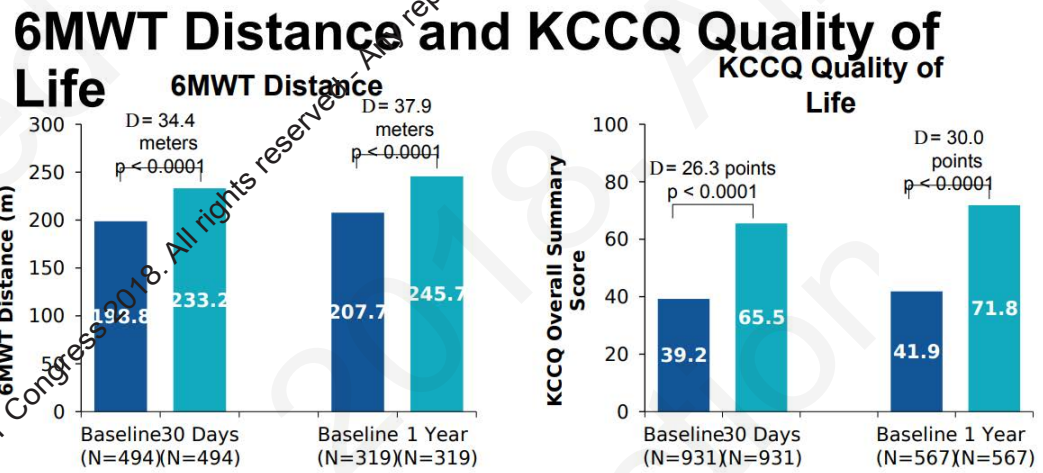
- Symptoms and quality of life

Comparison of Outcomes of Percutaneous MitraClip Versus Surgical Repair or Replacement for Degenerative Mitral Regurgitation in Octogenarians

Nicola Buzzatti, MD, Francesco Maisano, MD, Azeem Latib, MD, Maurizio Taramasso, MD, Paolo Denti, MD, Giovanni La Canna, MD, Antonio Colombo, MD, Ottavio Alfieri, MD

PlumX Metrics

DOI: https://doi.org/10.1016/j.amjcard.2014.11.031 | Check for updates



Hermiller et al. SCAI 2018

Prognosis

Table 3. Primary Outcome and Secondary Efficacy Outcomes at 12 Months (Intention-to-Treat Population).

Outcome	Intervention Group (N=152)	Control Group (N=152)	Hazard Ratio or Odds Ratio (95% CI)*	P Value†
Composite primary outcome: death from any cause or unplanned hospitalization for heart failure at 12 months — no. (%)	83 (54.6)	78 (51.3)	1.16 (0.73–1.84)	0.53
Secondary outcomes‡				
Death from any cause	37 (24.3)	34 (22.4)	1.11 (0.69–1.77)	
Cardiovascular death	33 (21.7)	31 (20.4)	1.09 (0.67–1.78)	
Unplanned hospitalization for heart failure	74 (48.7)	72 (47.4)	1.13 (0.81–1.56)	
Major adverse cardiovascular events§	86 (56.6)	78 (51.3)	1.22 (0.85–1.66)	

Obadia et al NEJM 2018

Options of Rx

- Transcatheter mitral valve repair (Good experience and data to support improvement in symptoms)
- Transcatheter Annuloplasty (probably not suitable if organic pathology present)-hybrid approach?
- Transcatheter mitral valve replacement (Limited data but possible)
- Surgical repair/replacement (Issues of RV dysfunction)
- Palliation/Medical Rx (Poor QOL)

Technical aspects

- TEE imaging reasonable
- GA risks (hemodynamic support – IABP?)
- HF optimization with HF team
- Trans-septal considerations (Lower puncture for functional, height also determined by area of anticipated clip placement)
- Number of clips?
- Right heart catheterization to assess shunting (need for ASD closure)
- Tricuspid clip?

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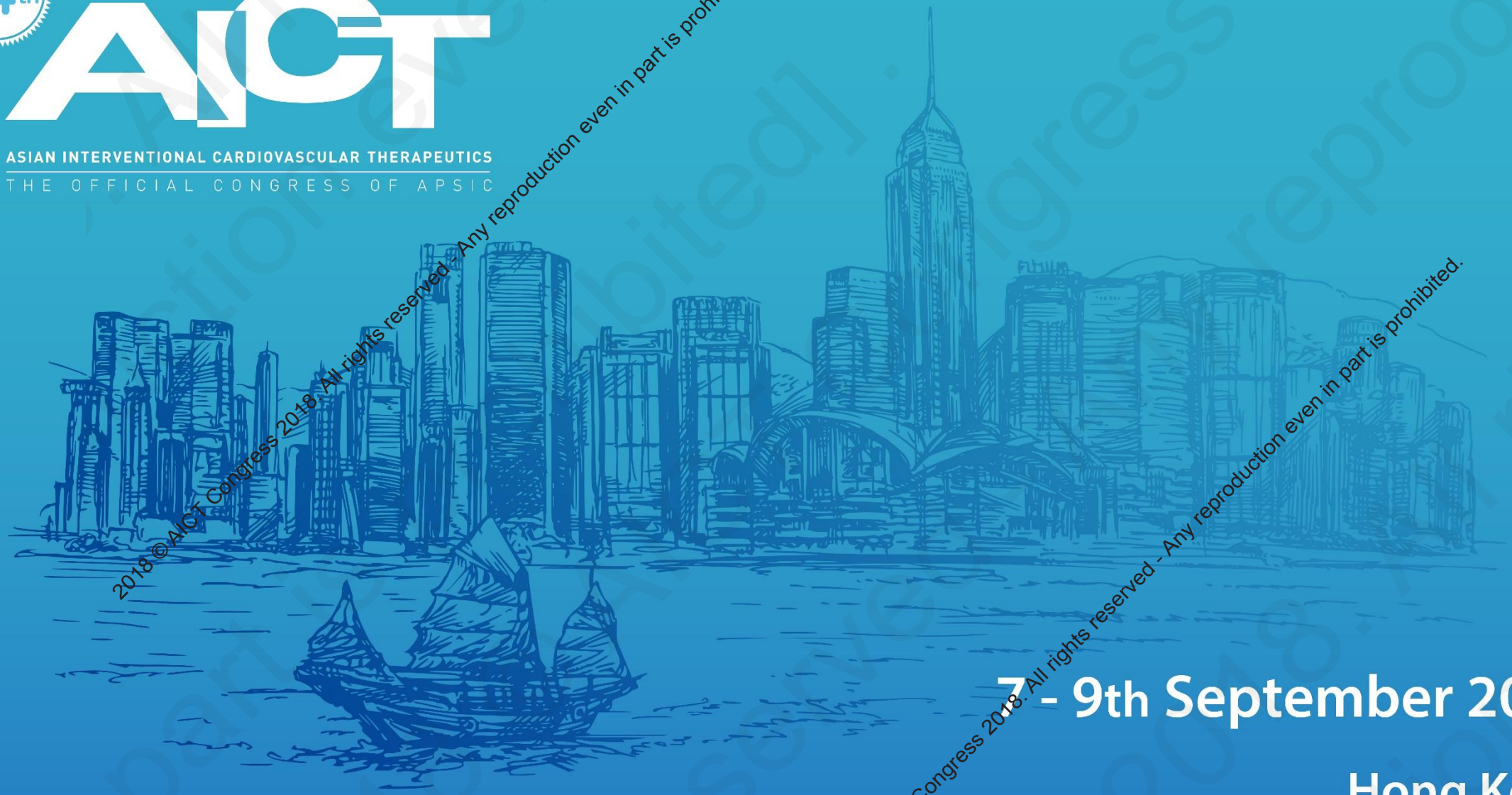

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