

Tricuspid TEER

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Potential conflicts of interest

Speaker's name : Shunsuke Kubo

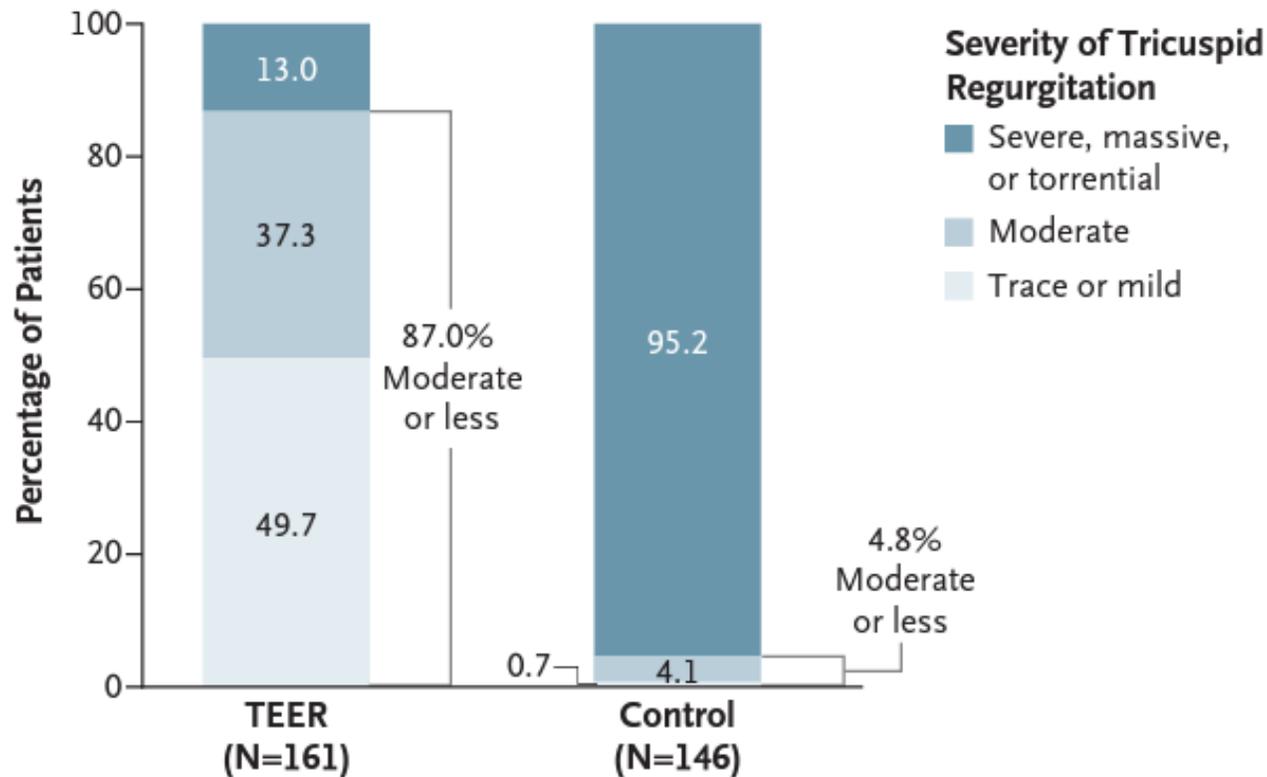
I have the following potential conflicts of interest to declare:

Clinical Proctor : Abbott Medical, Boston Scientific

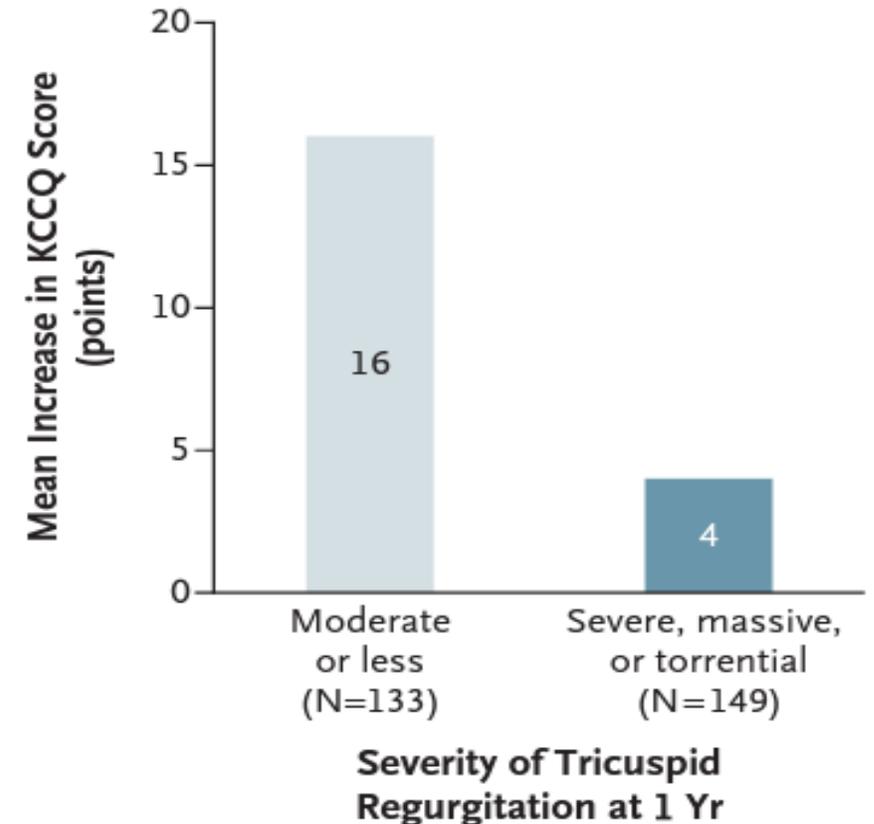
Lecture fees : Abbott Medical, Boston Scientific

TRILUMINATE Trial

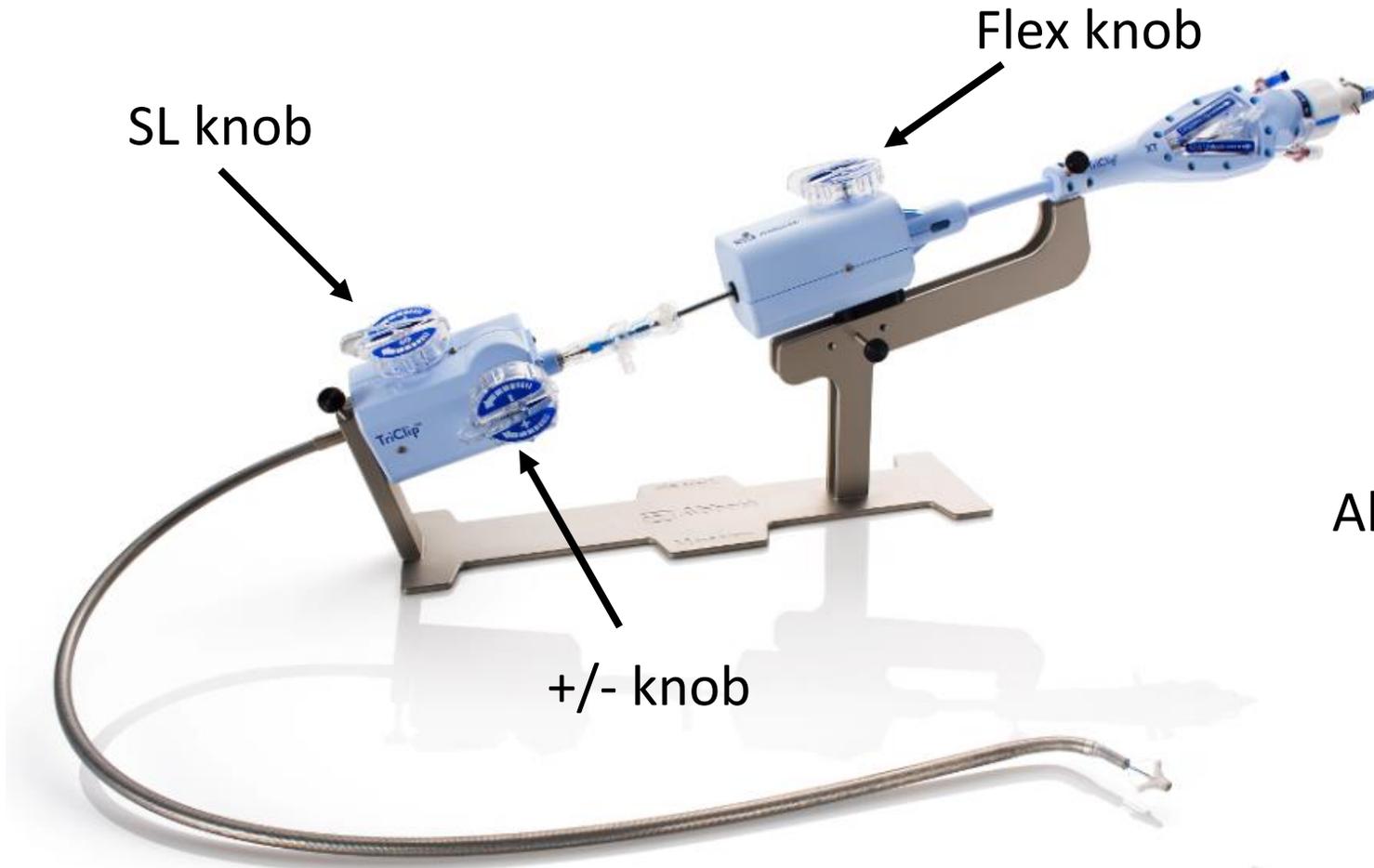
- 350 pts \Rightarrow TEER : OMT = 1 : 1
- Primary endpoint: Death, HF hospitalization, QOL improvement



A Change in Quality of Life According to Severity of Residual Tricuspid Regurgitation



TriClip G4



All 4 types of clip can be used

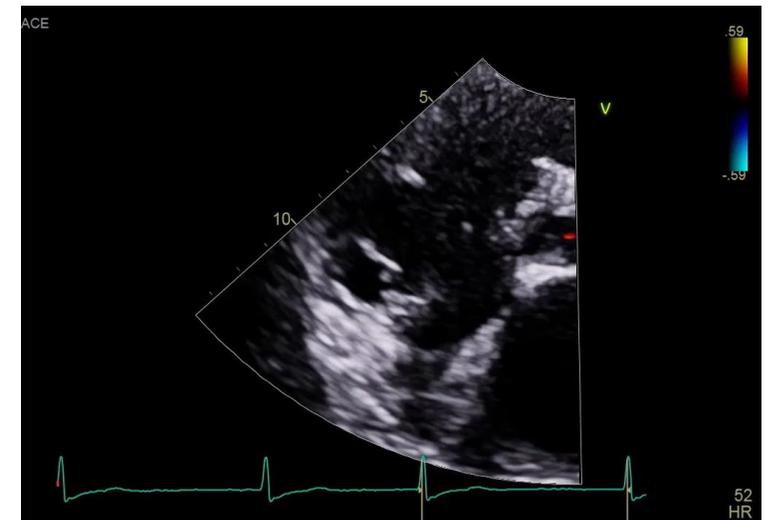
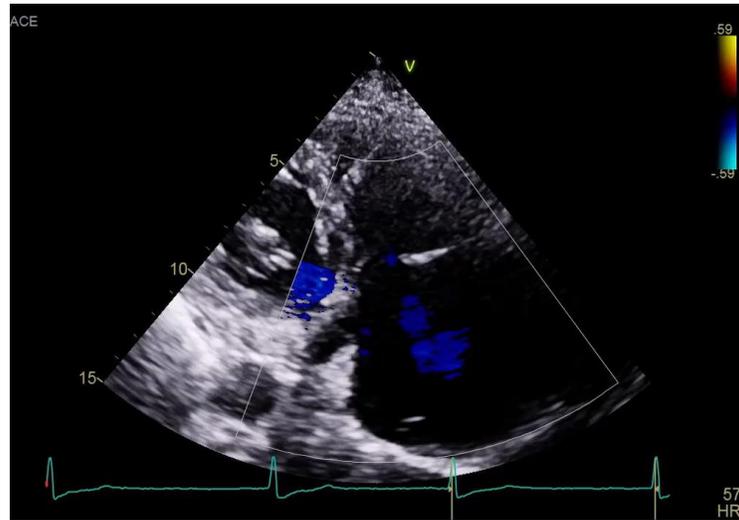
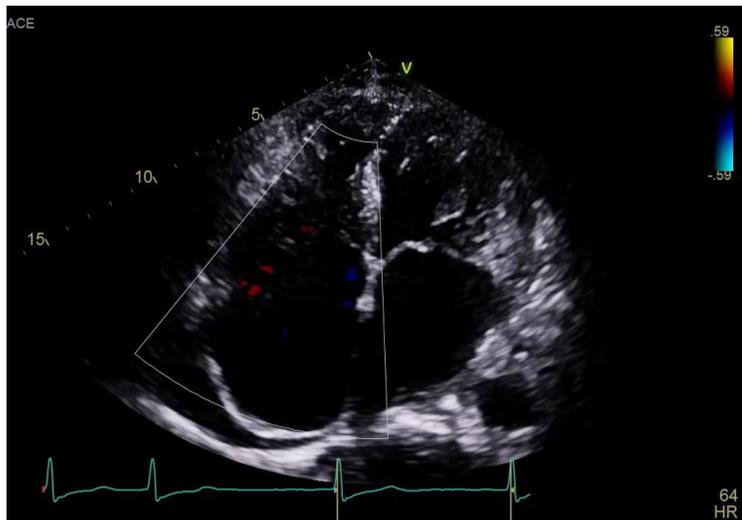


85 Years, Male

【Present illness】

- Leg edema and dyspnea due to severe TR despite using diuretics.
- Heart-team decided to perform TEER with TriClip.

【Past history】 Hypertension, AF, CKD

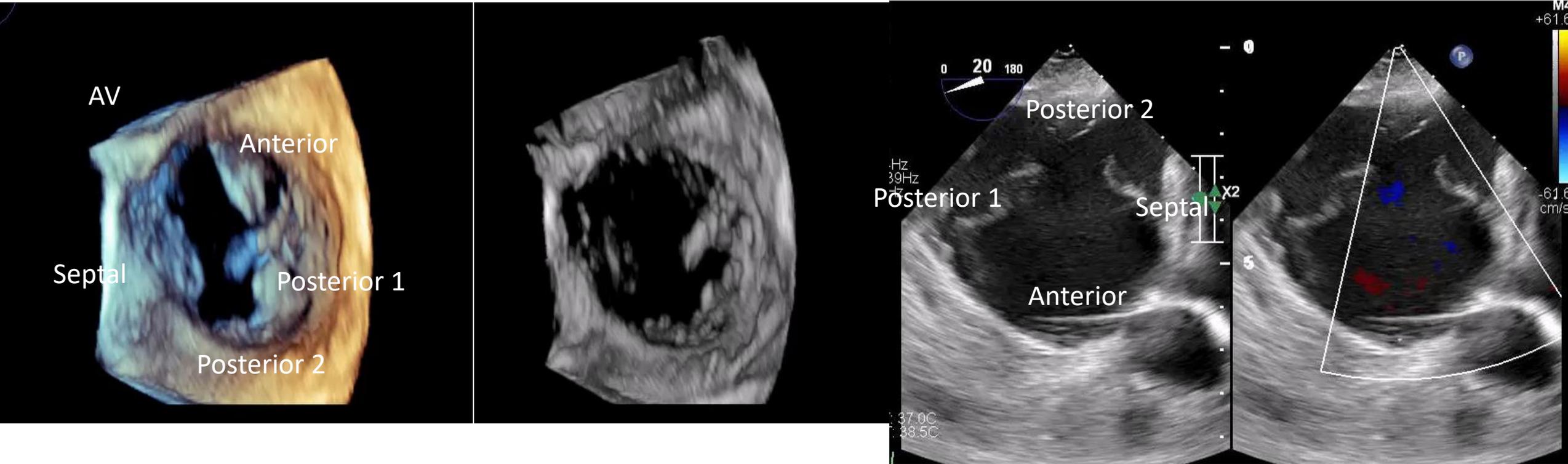


LVDd/Ds = 45/22 mm, LVEF = 73%

Massive TR (EROA 0.77. VCW 15.6mm)

Hepatic vein reversal (+)

3D TEE and Transgastric Image

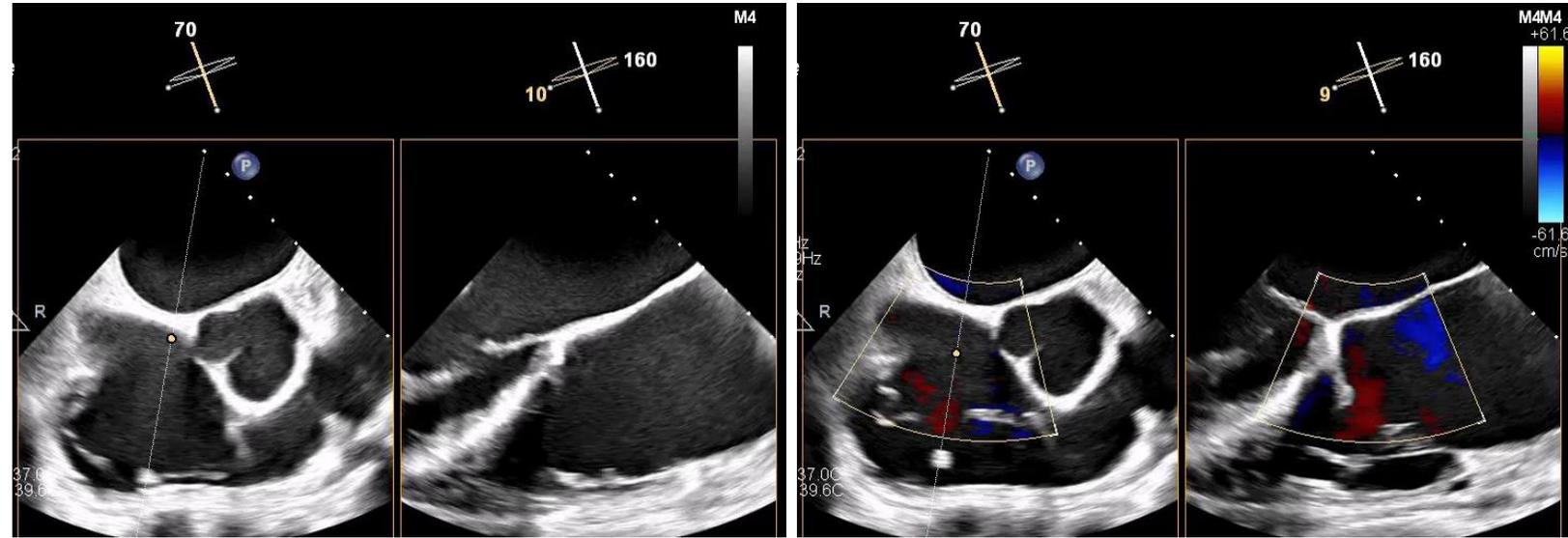


Wide TR jet coming from between anterior and septal leaflet and also posterior and septal leaflets.

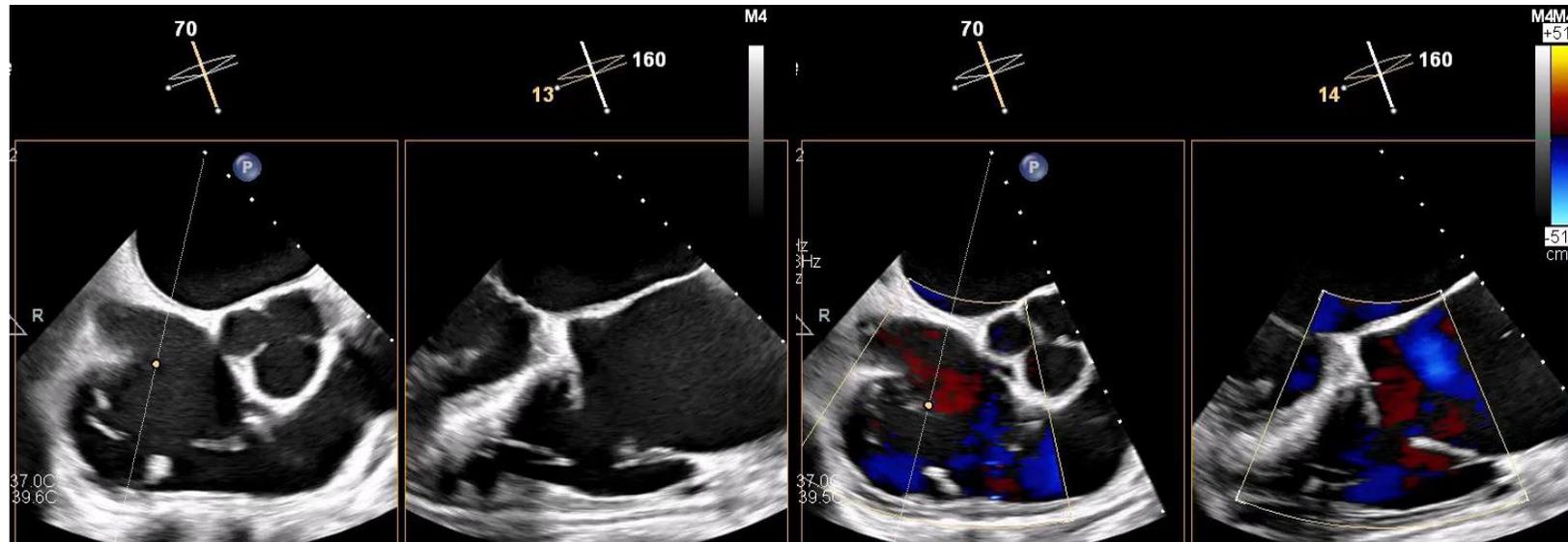
There are two posterior leaflets.

RV Inflow/Outflow X-plane Image

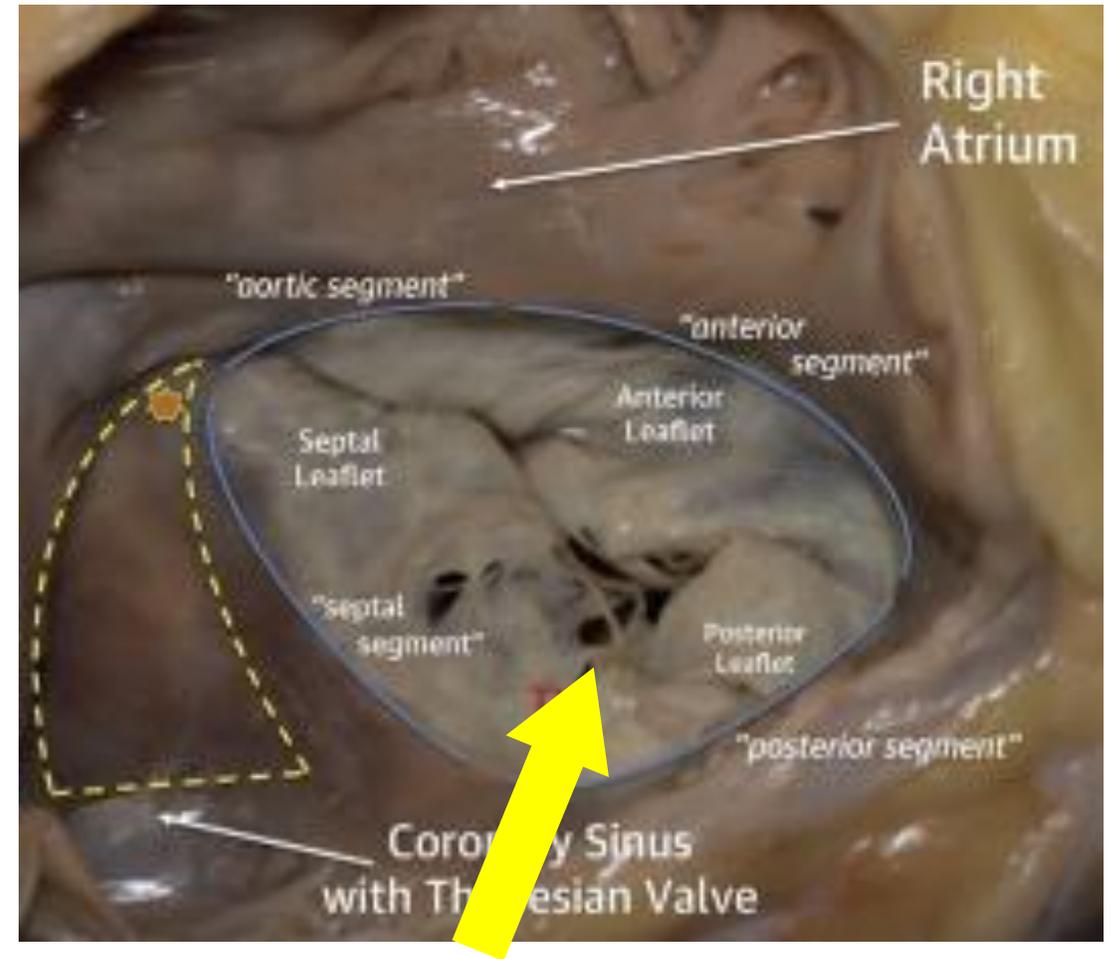
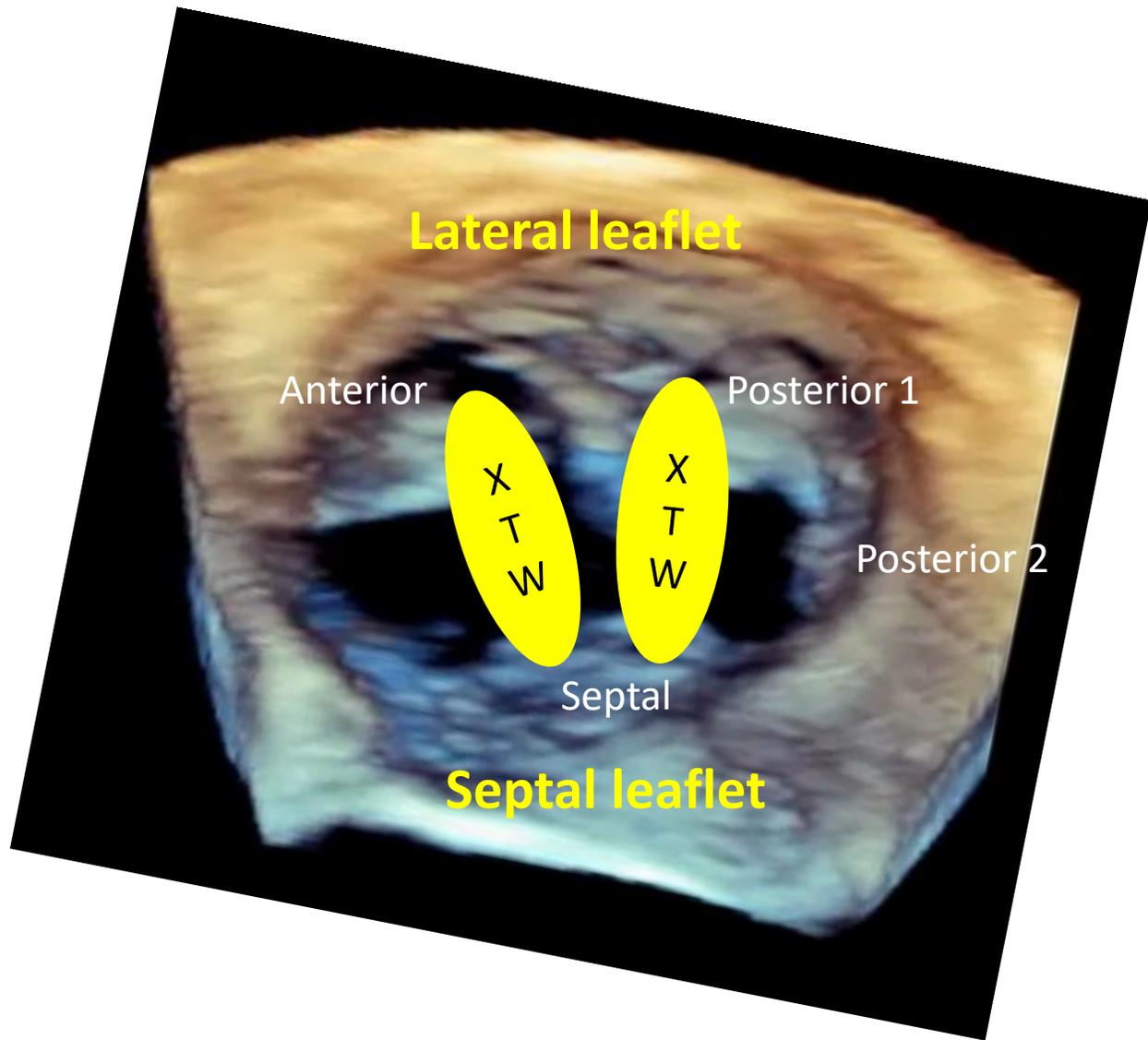
Central anterior/septal leaflet
Small gap and large TR jet



Central posterior/septal leaflet
Small gap and large TR jet

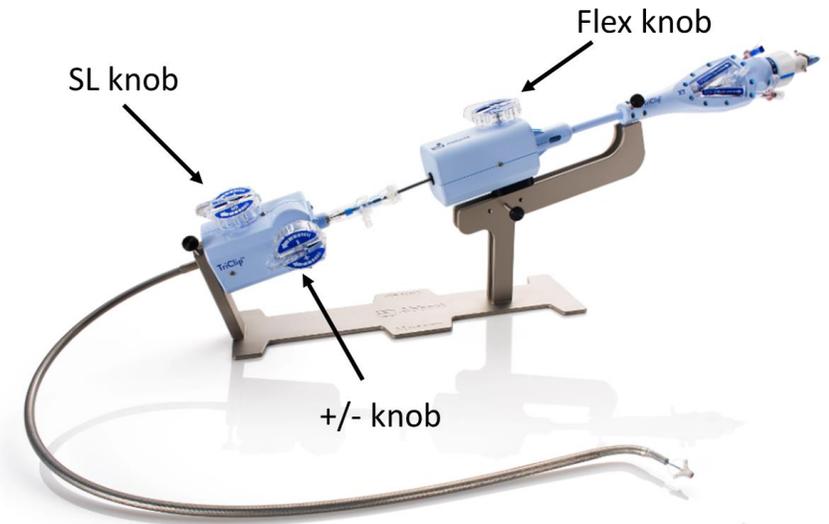
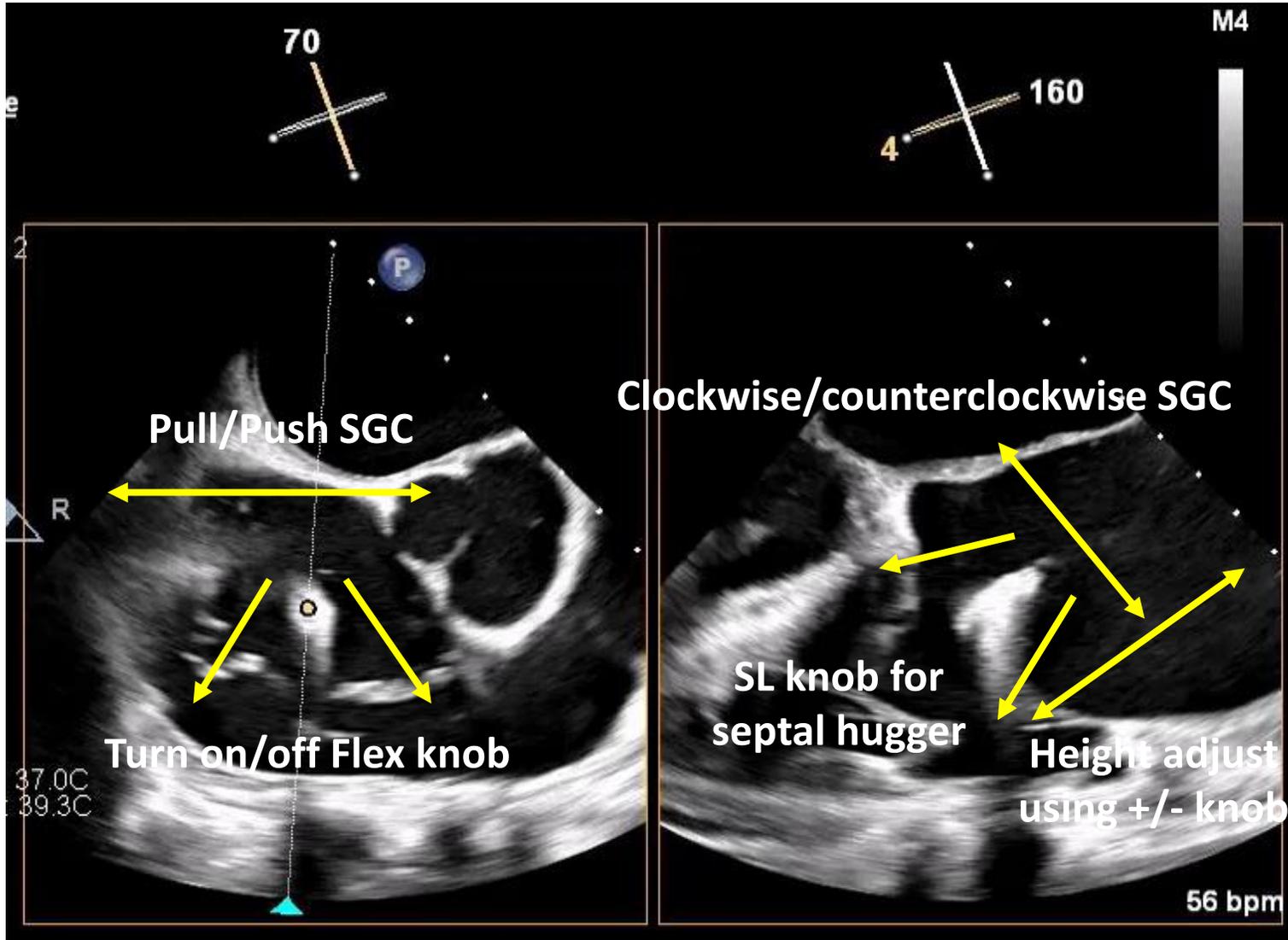


How to Clip Tricuspid Valve?



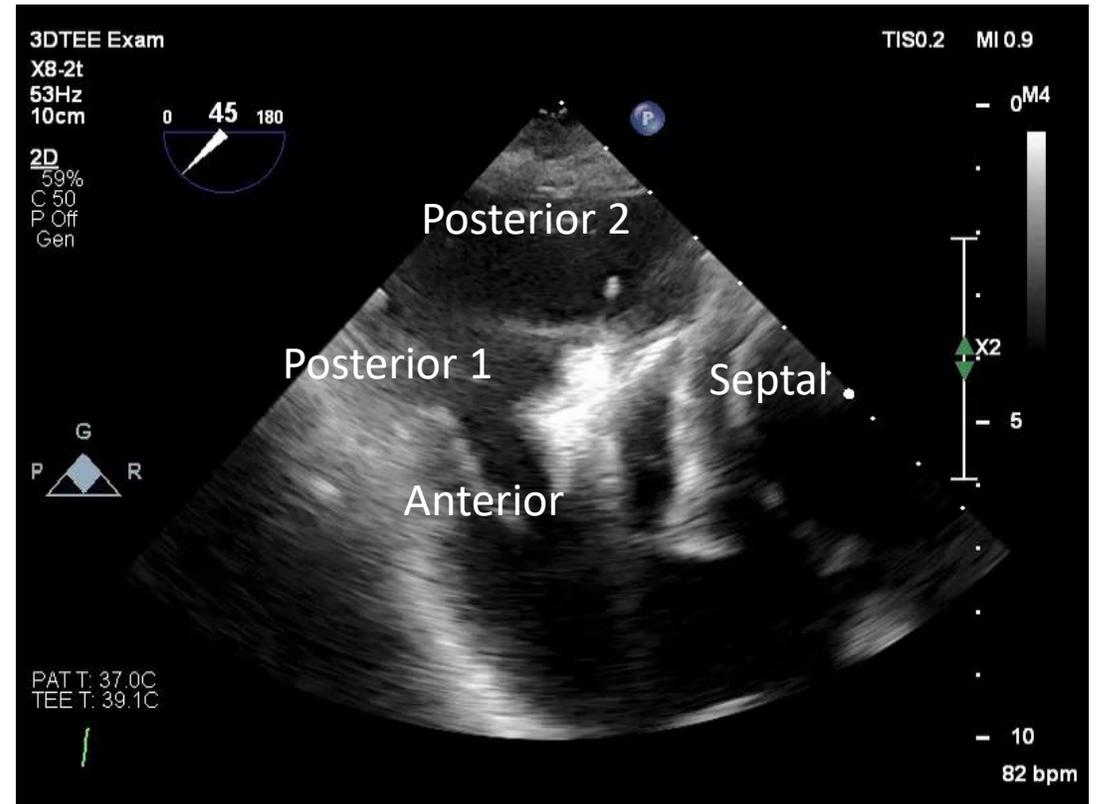
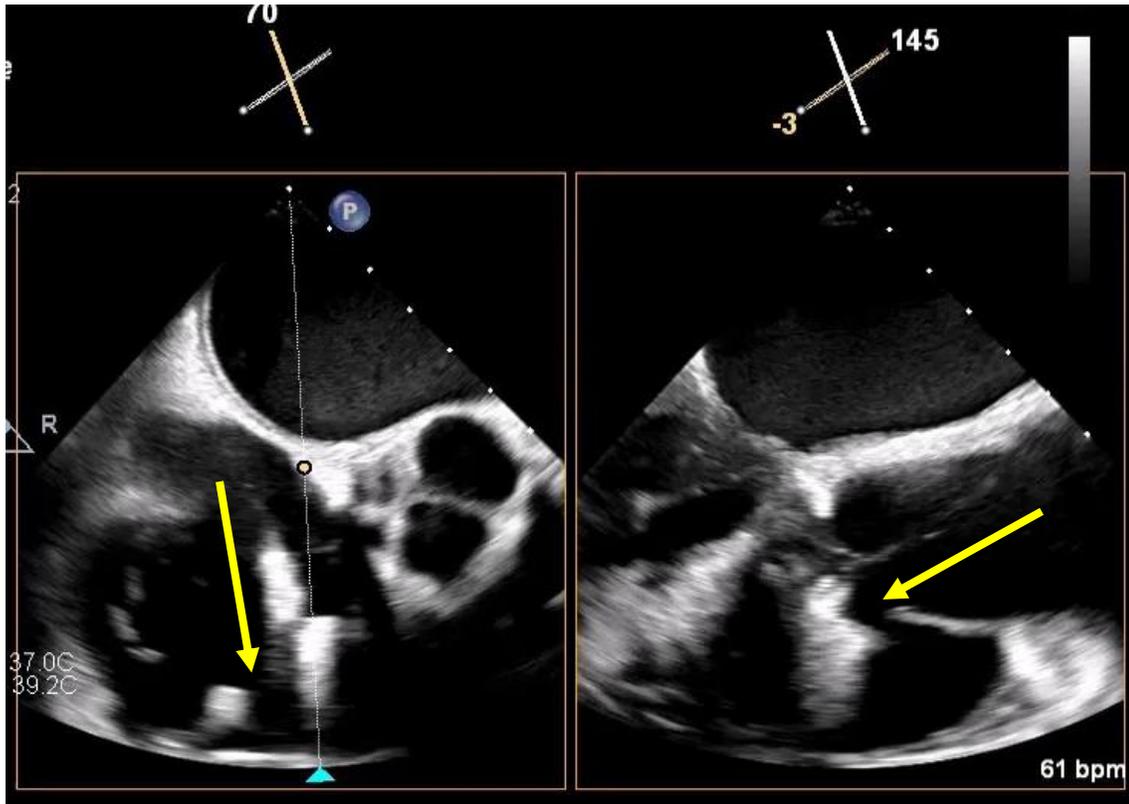
Rich chordae in posterior side

Trajectory in TriClip



Check trajectory and orientation

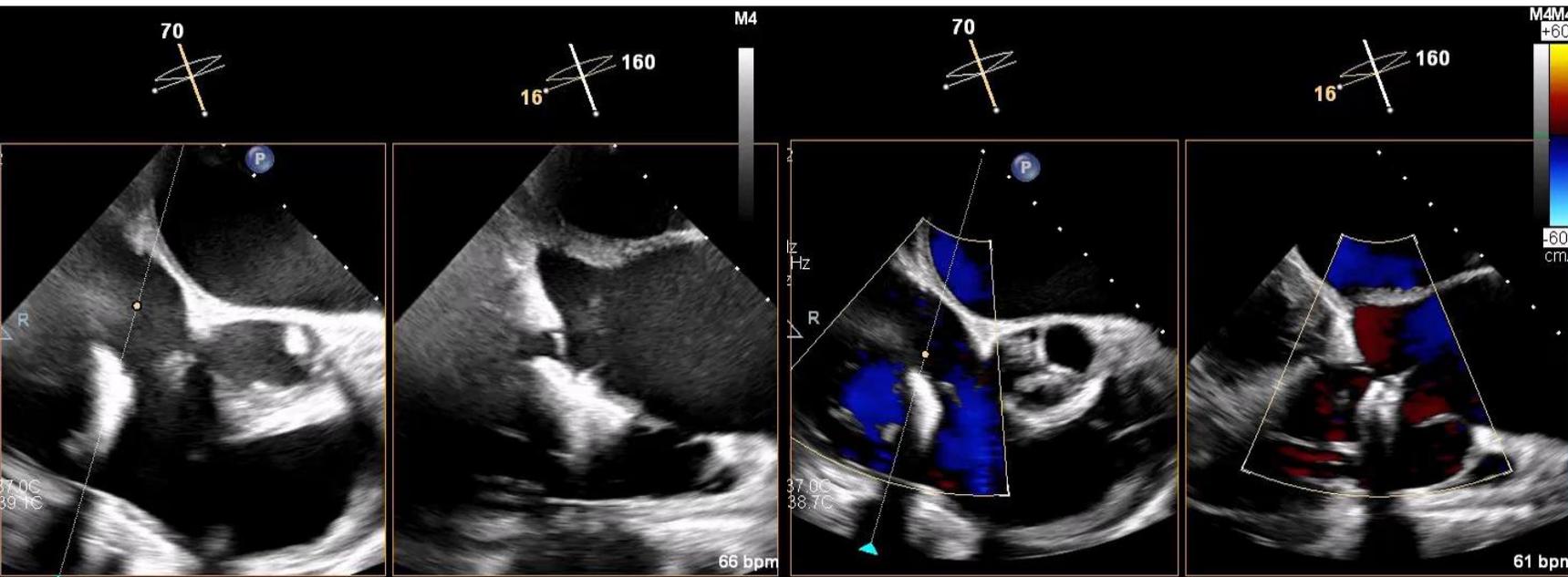
XTW in RV



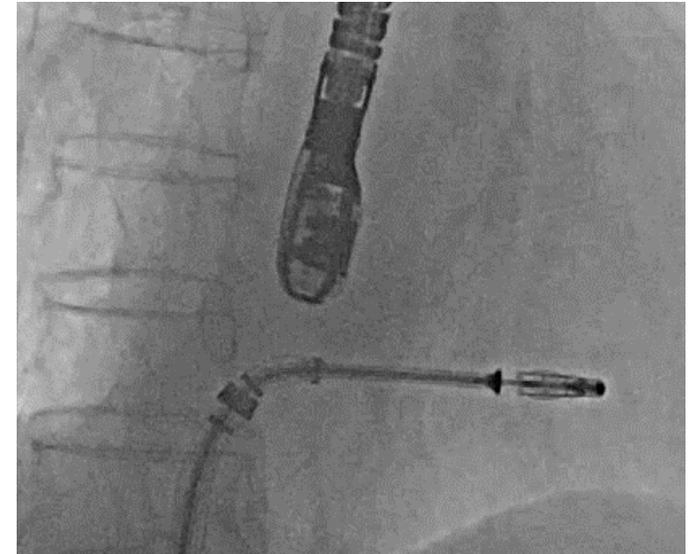
Insert clip to RV

Orientation should be checked in transgastric image

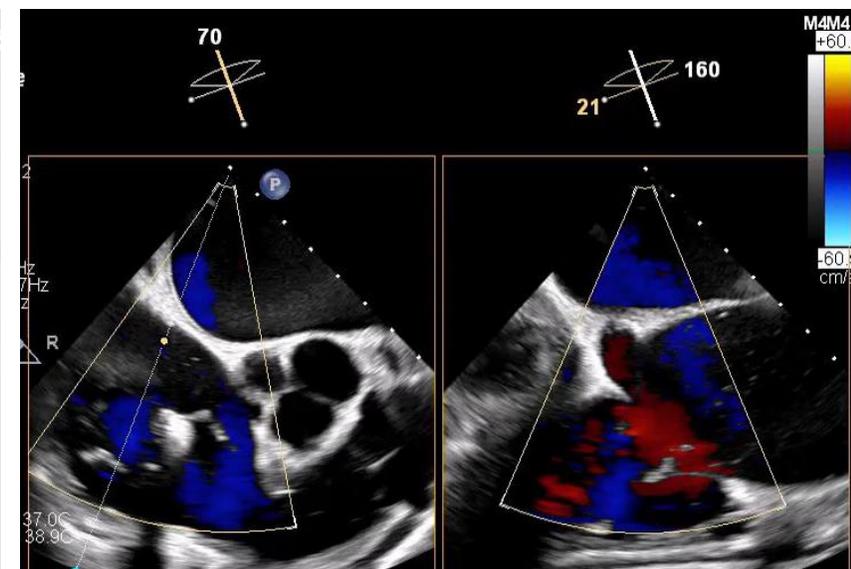
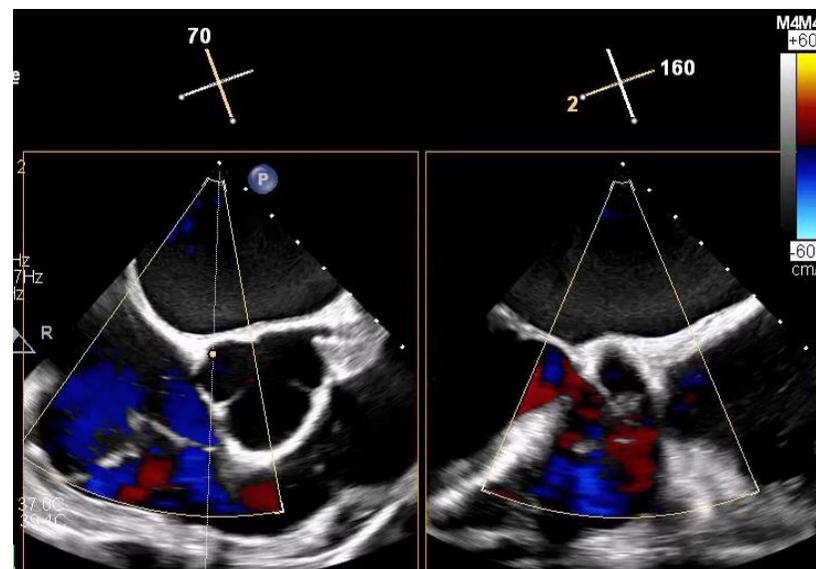
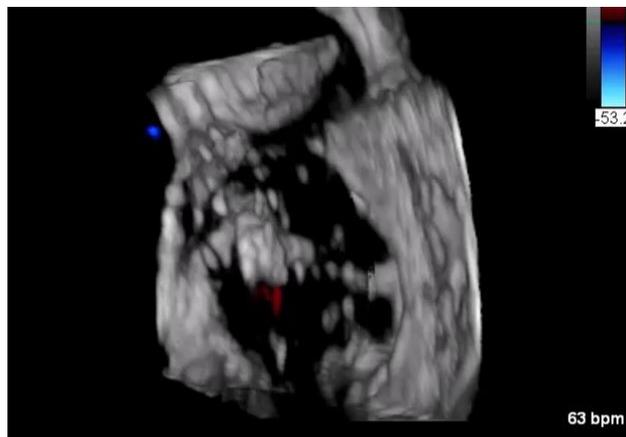
Leaflet Grasping



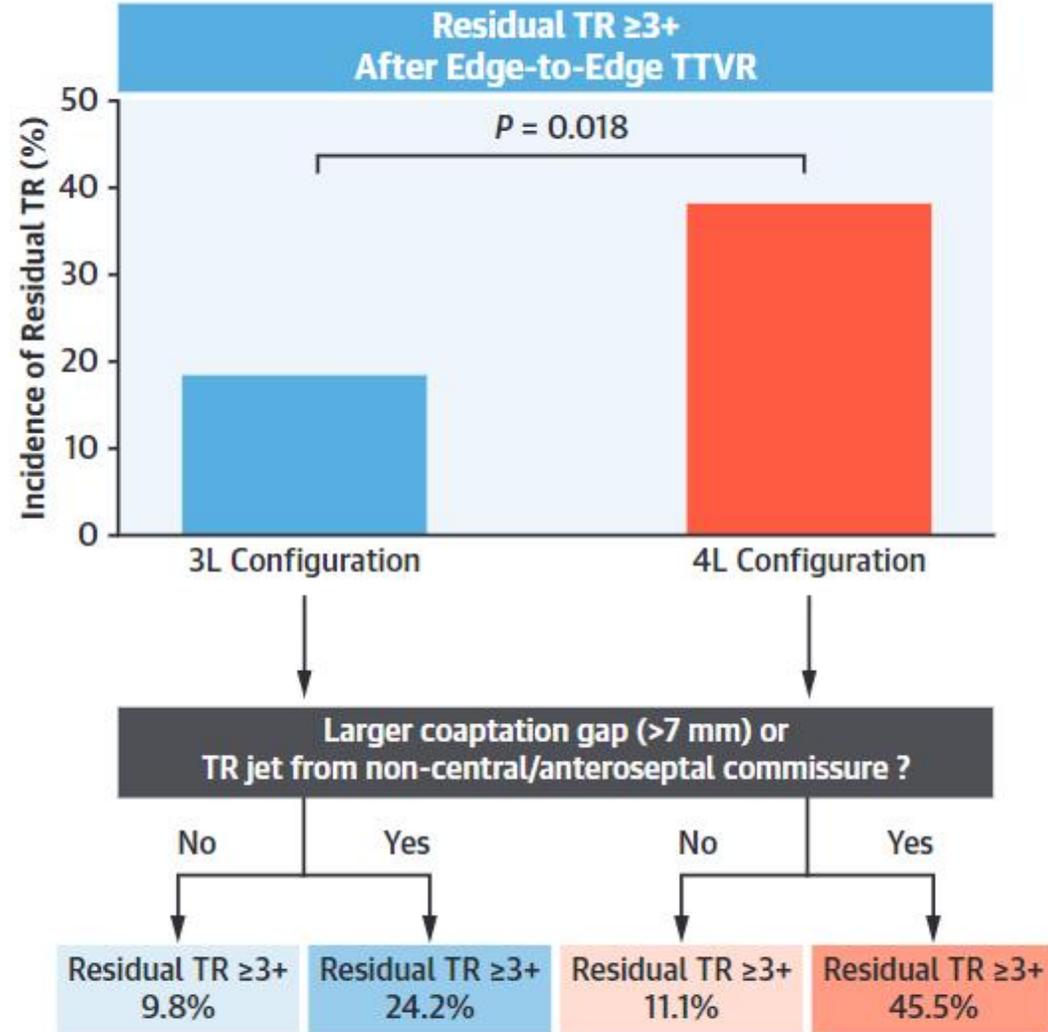
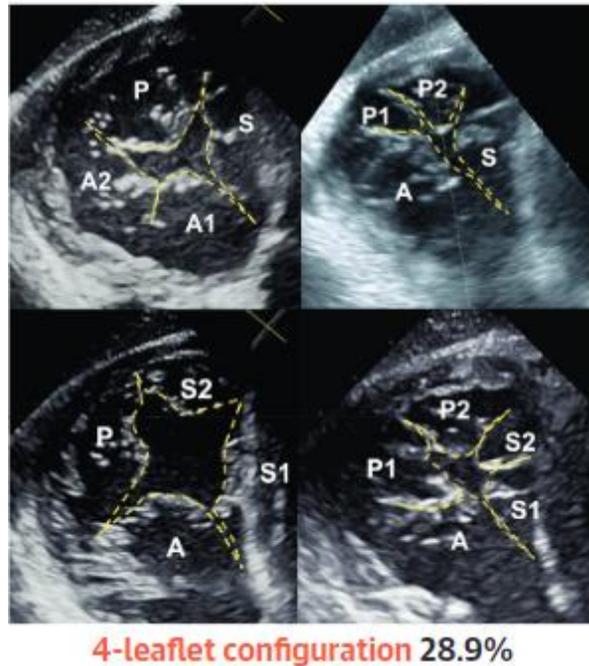
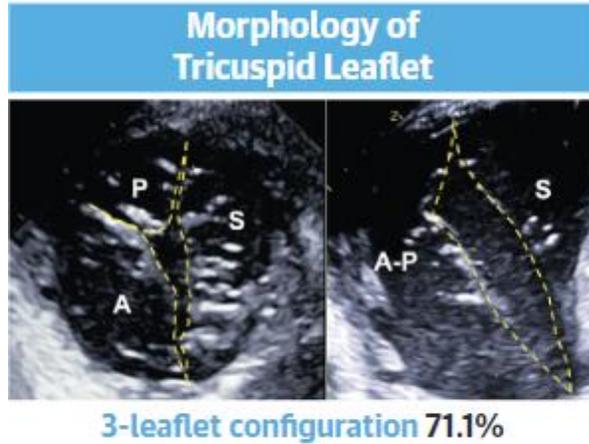
No TR around clip



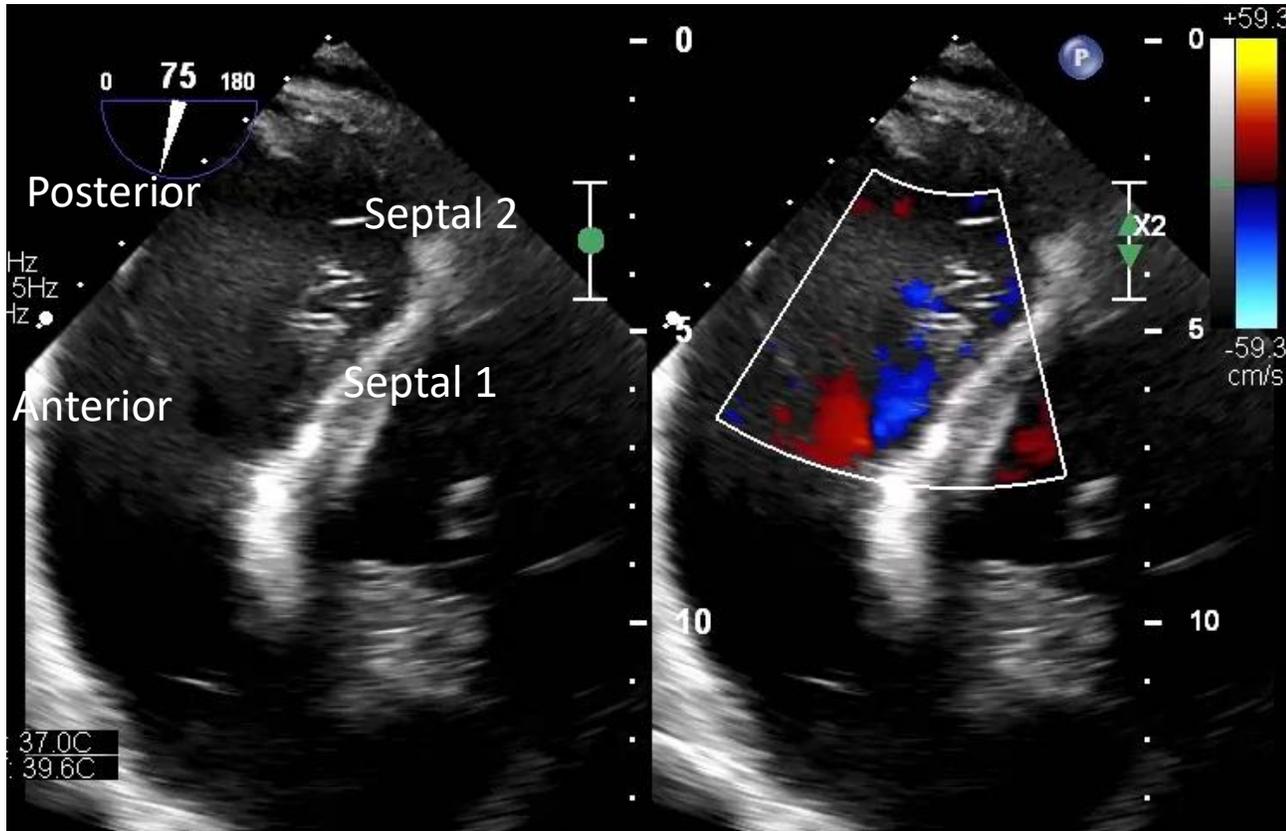
Enough leaflet tissue on both arms
Put gripper down



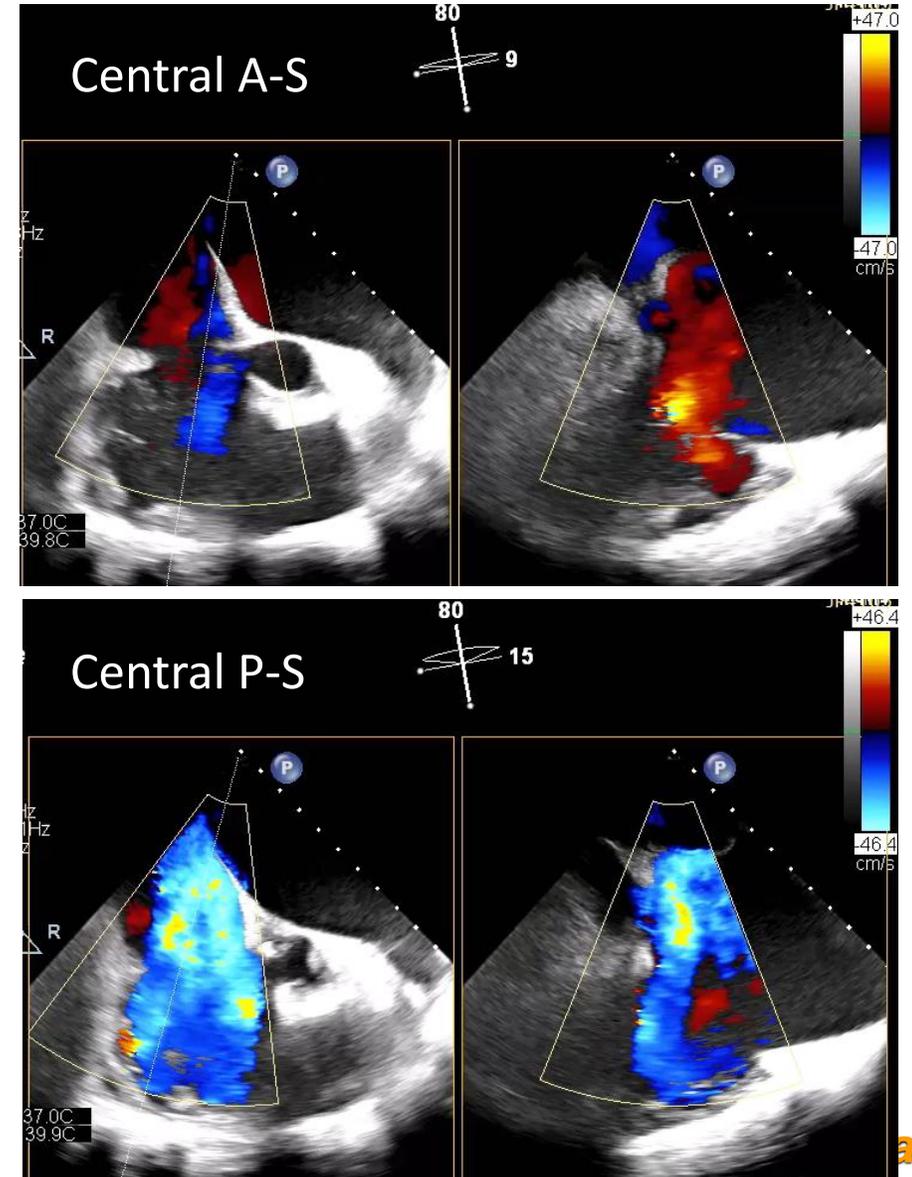
TR Anatomy and Outcomes



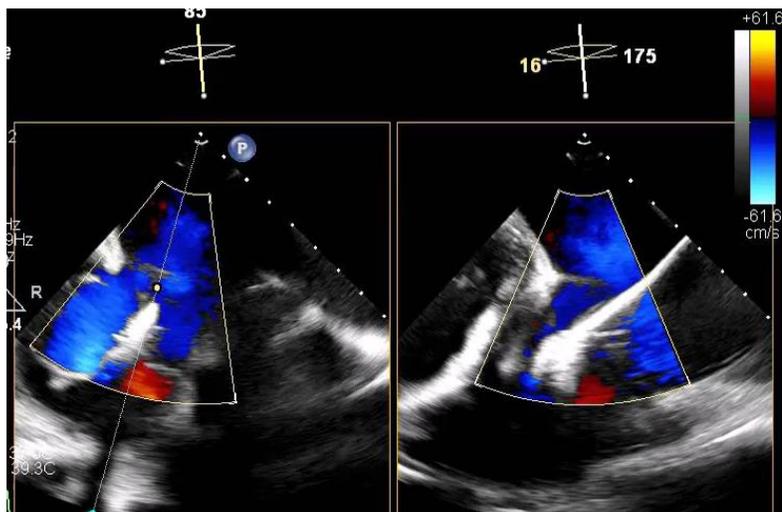
Challenging Anatomy



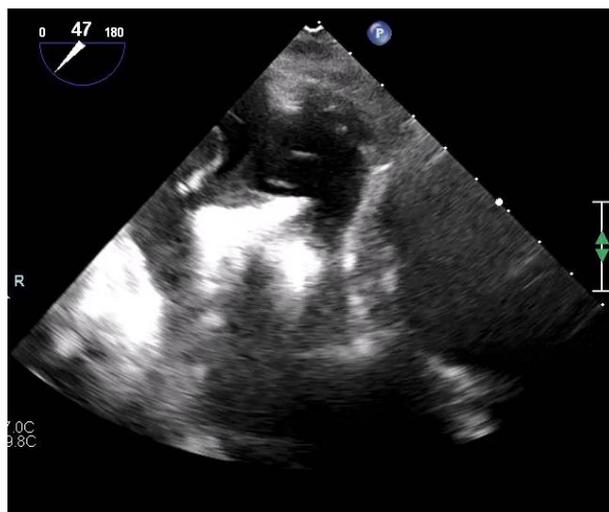
Torrential TR
Large gap > 7mm
Two septal leaflets



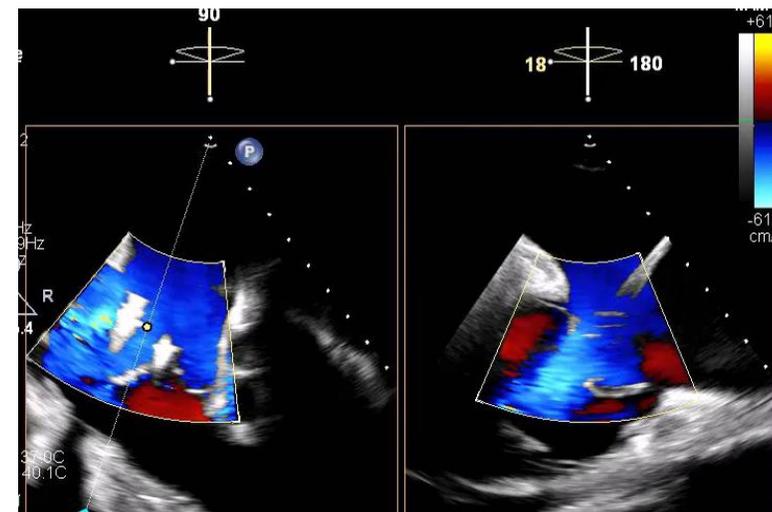
Clipping Procedure



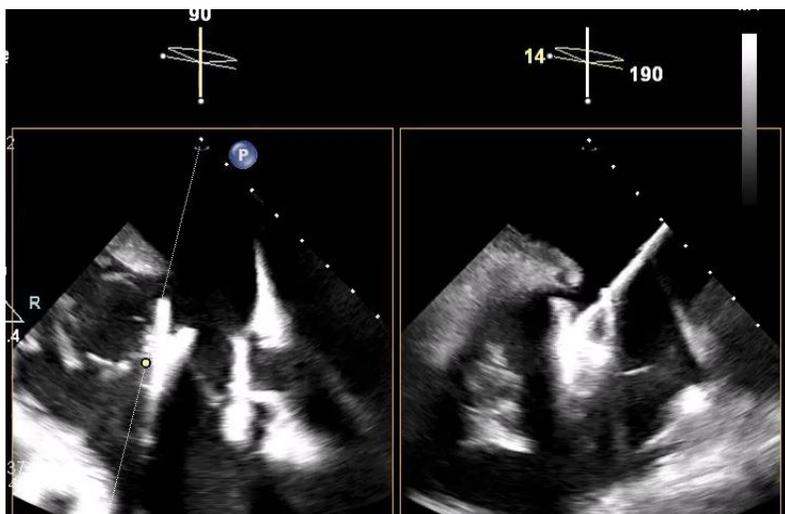
XTW for central A-S



2nd XTW for central P-S



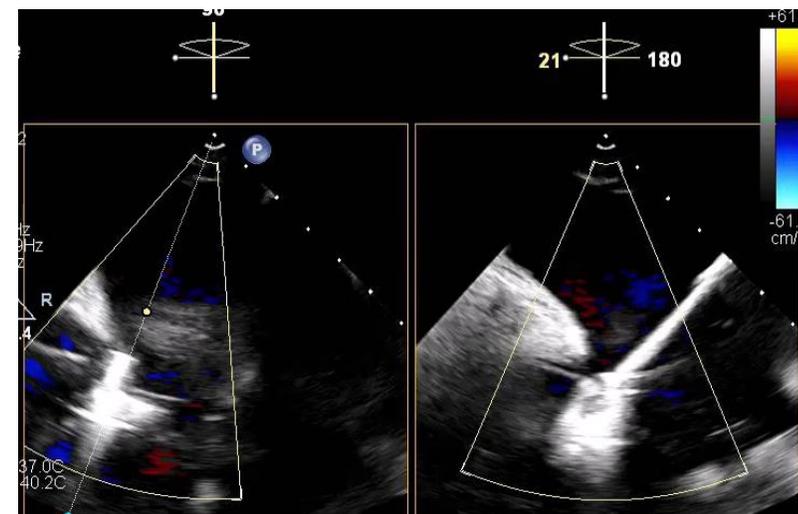
Residual intra-clip TR



XTW for A-S (indentation)



2nd XTW closed to 1st



Moderate TR

Summary

- TriClip procedure is generally safe and effective for TR reduction.
- However, the procedure became challenging in the complex anatomies, including large coaptation gap, two septal leaflets, septal leaflet tethering, and poor imaging quality.