
MV and TV Intervention: Preparing for the Next Revolution

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

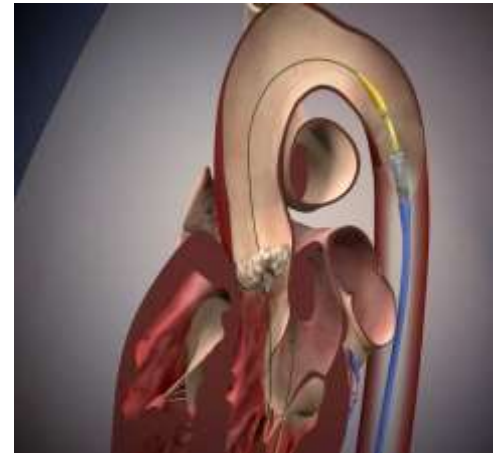
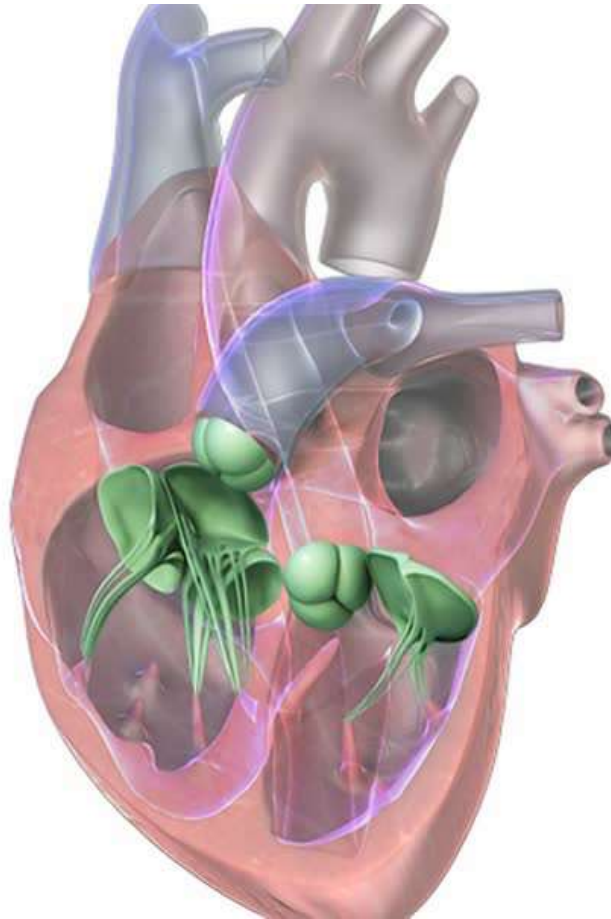
- Grant/Research Support
- Scientific Advisory Board
- Executive Physician Council

Company

- Edwards Lifesciences, Abbott
- Medtronic, Abbott
- Boston Scientific Corp



Challenges beyond the Semilunar Valves



TVT Therapy Alternatives

Anatomy and Management

Aortic



Simple

Mitral & Tricuspid



Complex

Transcatheter M/TV rR: Device Landscape 2018

Edge-to-edge

- Abbott MitraClip***
- Edwards Pascal*
- MitraFlex

Direct and indirect annuloplasty

- CDI Carillon**
- Mitralign TAMR**
- Edwards Cardioband**
- Ancora Heart Accucinch*
 - Millipede IRIS*
 - MVRx Arto*
- Mardil VenTouch*
- Mitraspan TASRA*
- Valcare Amend*
- Micardia enCor*
- MitraLoop Cerclage*
- Cardiac Implants RDS*
 - QuantumCor (RF)
 - Valfix

MV replacement

- Edwards CardiAQ*
- Edwards Fortis*
- Neovasc Tiara*
- Abbott Tendyne*
- Medtronic Intrepid*
 - HighLife*
 - Caisson*
- NCSI NaviGate*
 - MVValve*
- Mitraltech CardioValve*
- Edwards Sapien M3*
 - Cephea
 - St. Jude
- Micro Interventional
 - ValveXchange
 - MitrAssist
- Braile Quattuor
 - Direct Flow
- Sinomed Accufit
- Valcare Corona

MV replacement (cont)

- MitralHeal
- HT Consultant Saturn
 - Lutter valve
- Transcatheter Technologies
 - Tresillo
 - Venus
 - Verso
- Transmural Systems
- Saturn (InnovaHeart)
- 4C Medical TMVR
- Other approaches
 - NeoChord DS 1000**
 - Harpoon neochords*
 - Babic chords*
 - Middle Peak Medical*
 - St. Jude leaflet plication*
- Cardiosolutions Mitra-Spacer*
 - Mitralix*
- Mitraltech Vchordal
- Coramaze Mitramaze

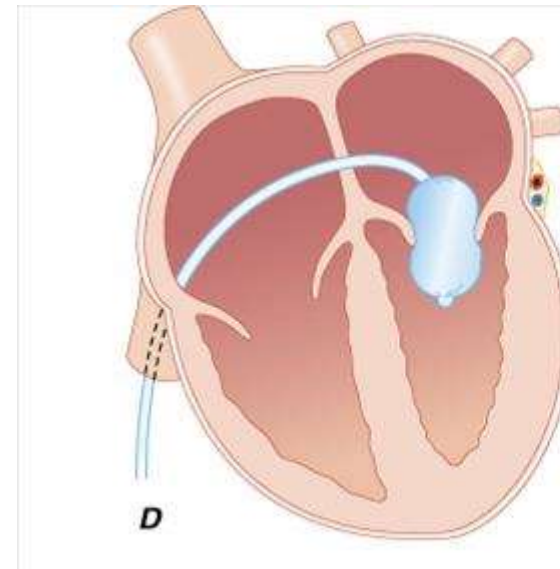
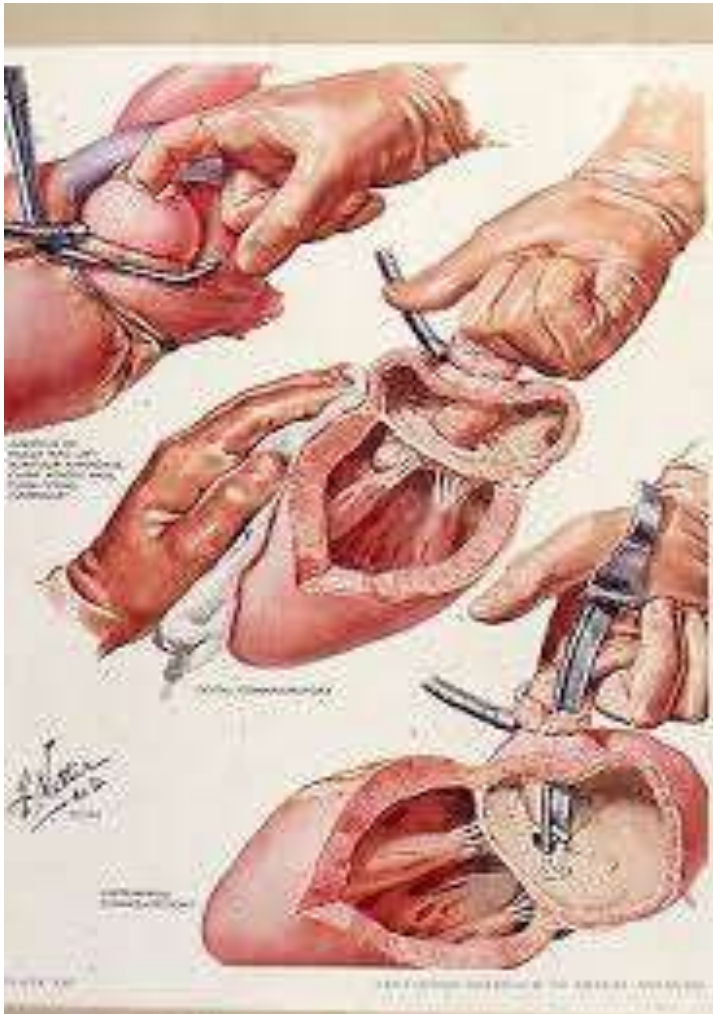
*In patients *CE mark *FDA approved



How should we prepare?



Closed Commissurotomy



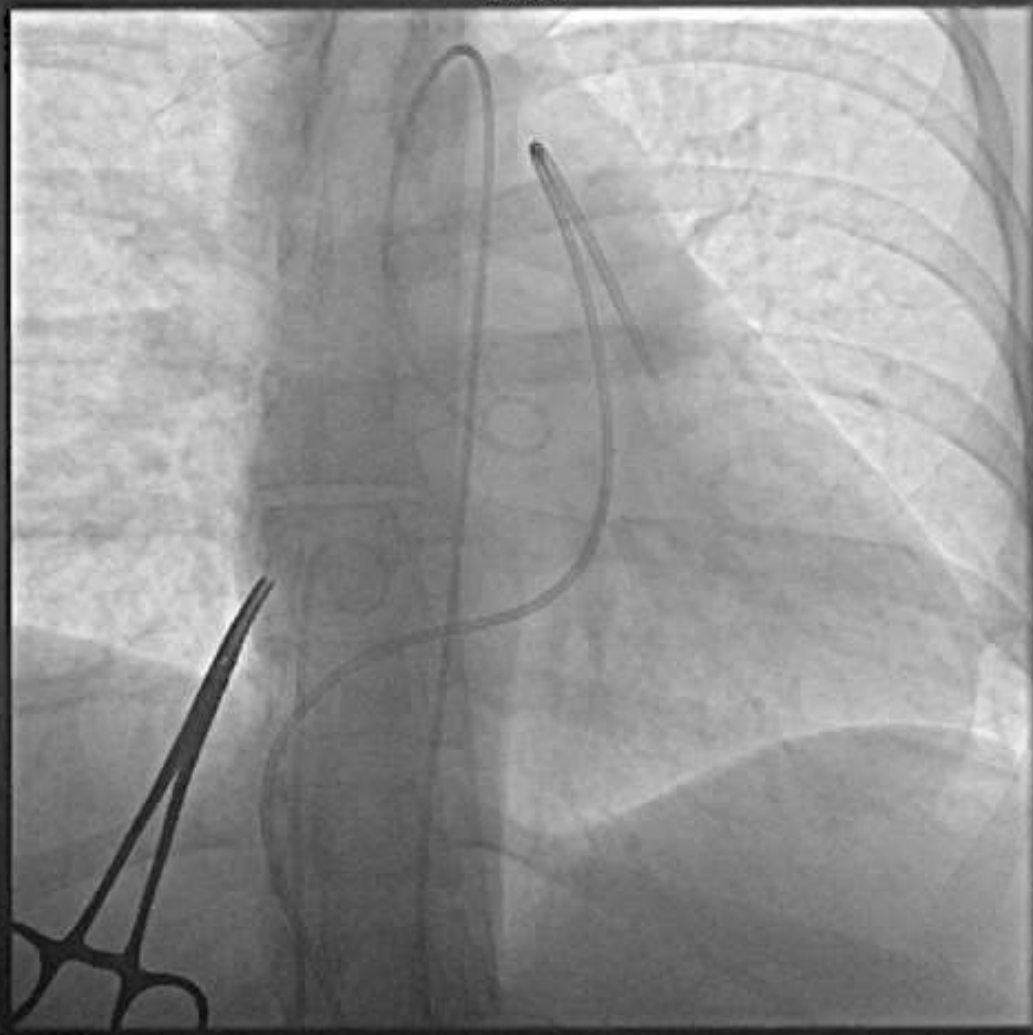
Source: Fauci AS, Kasper DL, Braunwald E, Hauser SL, Longo DL, Jameson JL, Loscalzo J. *Harrison's Principles of Internal Medicine*, 17th Edition. <http://www.accessmedicine.com>

Mitral Stenosis in Pregnancy

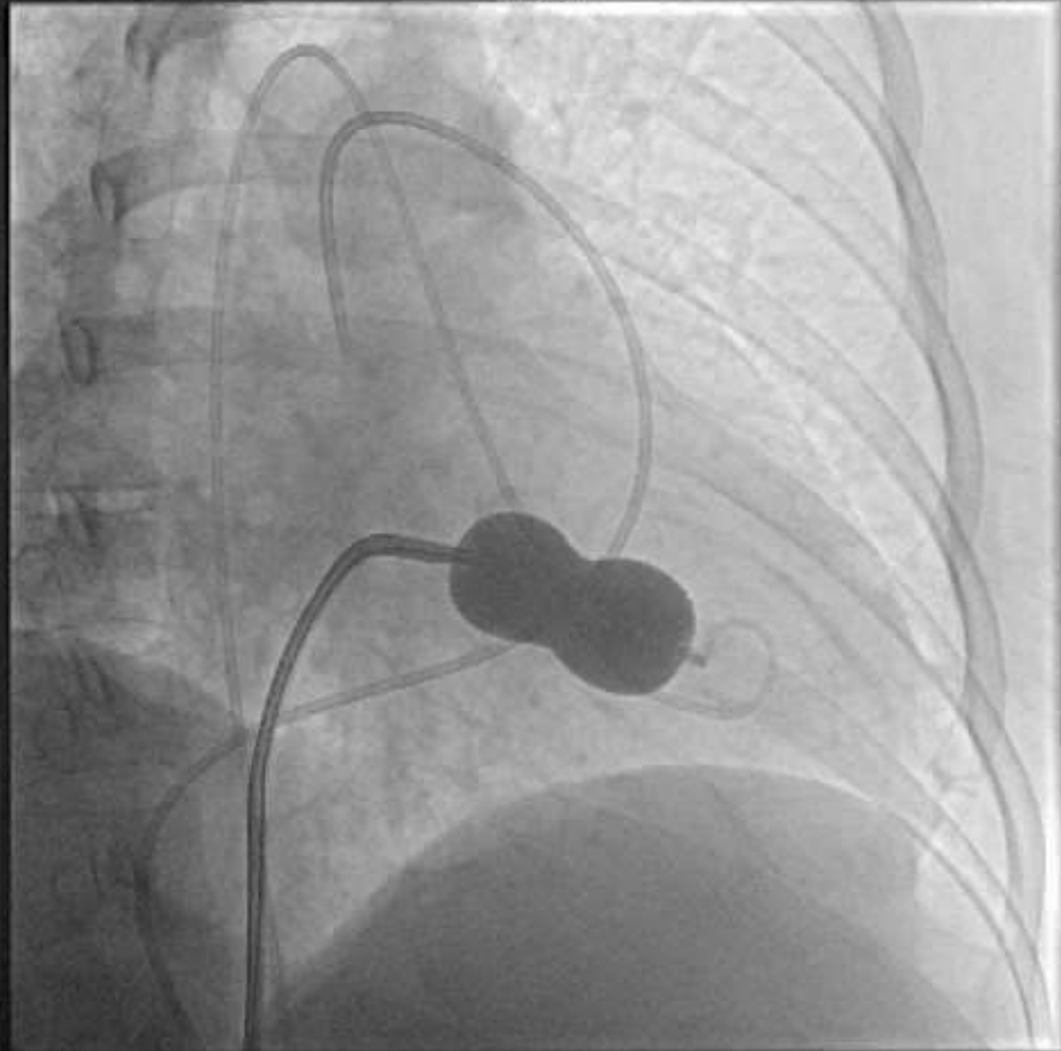


- 32 y/o G2P1 Caucasian Female 26 wks pregnant with severe rheumatic mitral stenosis c/b severe PH and RV dysfunction
- Invasive Hemodynamics
 - Pre-valvuloplasty
 - RA 12, RV 79/15, PA 79/41/56, PCWP 29, SBP 90/60
 - LA 30 (post-transeptal puncture), MV mean gradient 25
 - CO/CI 5.9/3.2
 - LVG: Mild to Moderate MR

Derived



Derived



Mitral Stenosis in Pregnancy (2)



- Invasive Hemodynamics

Post-valvuloplasty (serial balloon inflations up to 26mm)

- PA 65/30/41
- MV mean gradient 6 (25 pre)
- CO/CI 7.7/4.2
- LVG Mild to Moderate MR

- Non invasive Hemodynamics

- MV mean gradient 23 (HR 69) → 12 (HR 76) with stable mild-mod MR
- Estimated RVSP 99 → 67 + JVP with improved RV function

Mitral Regurgitation : Repair

Alfieri Stitch



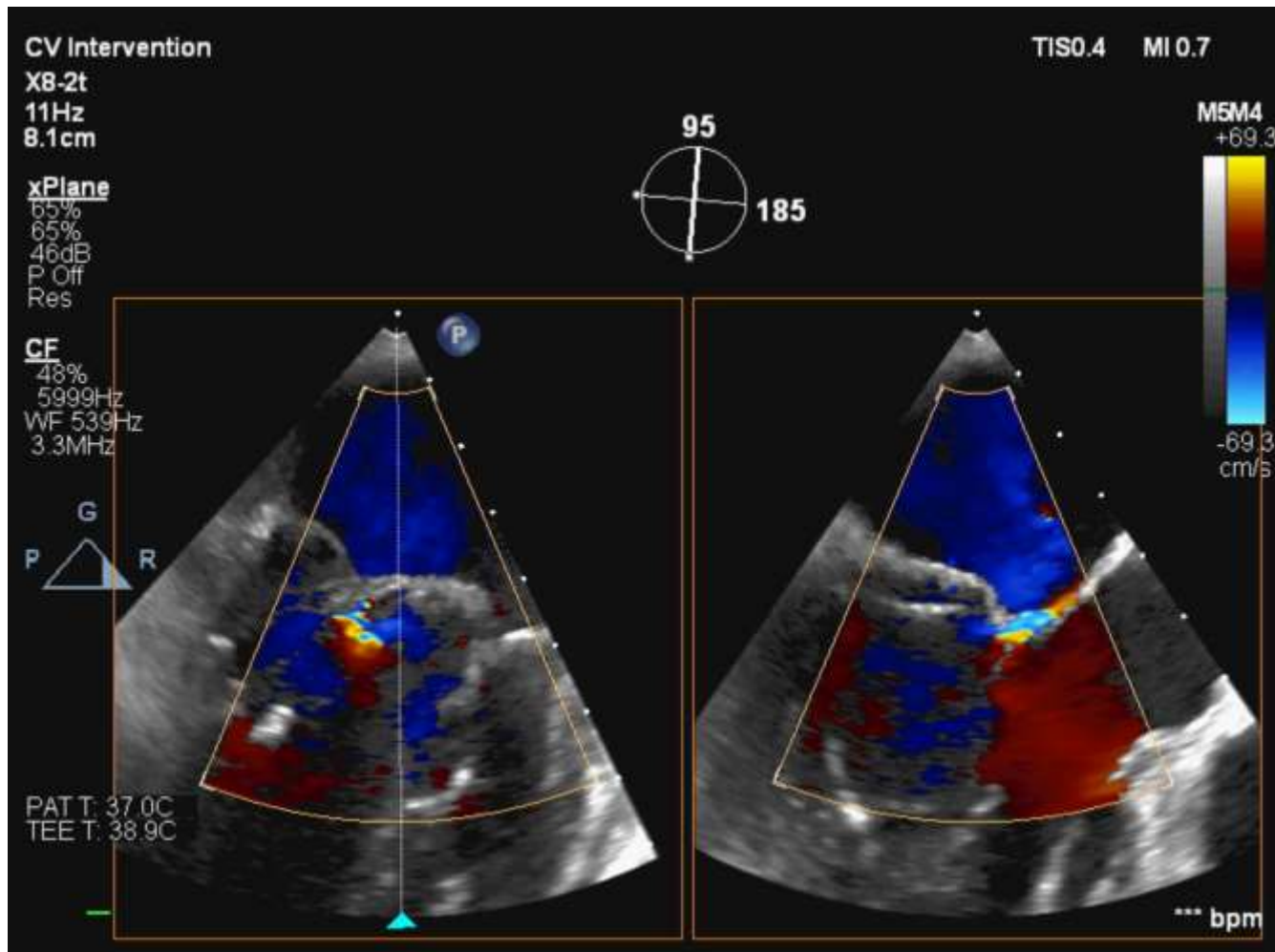
MitraClip



Case : KL



- 98 year old woman active, lives independently
- Slow decline over the past year with SOB
- MV prolapse with chordal rupture with RV pressure of 34.
- MitraClip: LA pressure of 30 v, post 10. 3-4+ MR to trace.



CV Intervention

X8-2t

30Hz

11cm

3D Zoom

2D / 3D

% 66 / 49

C 46 / 30

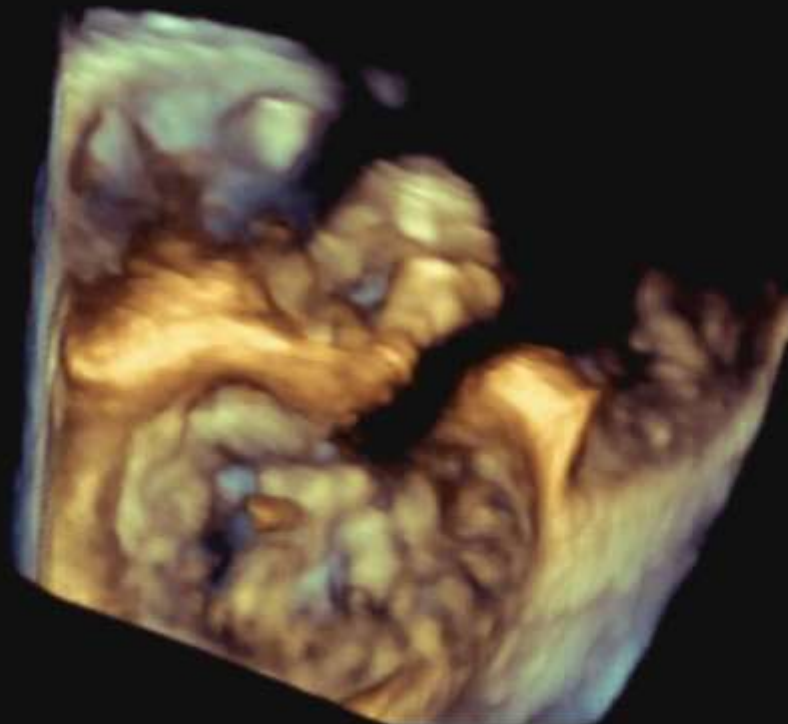
Res

3D Beats 1

TIS0.2

MI 0.2

M5



PAT T: 37.0C
TEE T: 39.5C

*** bpm



CV Intervention

TISO.5 MI 0.5

X8-2t
15Hz
12cm

xPlane
69%
69%
46dB
P Off
Res

CF
48%
5999Hz
WF 539Hz
3.3MHz

G
P R
PAT T: 37.0C
TEE T: 39.4C



M5M4
+69.3



-69.3
cm/s

*** bpm

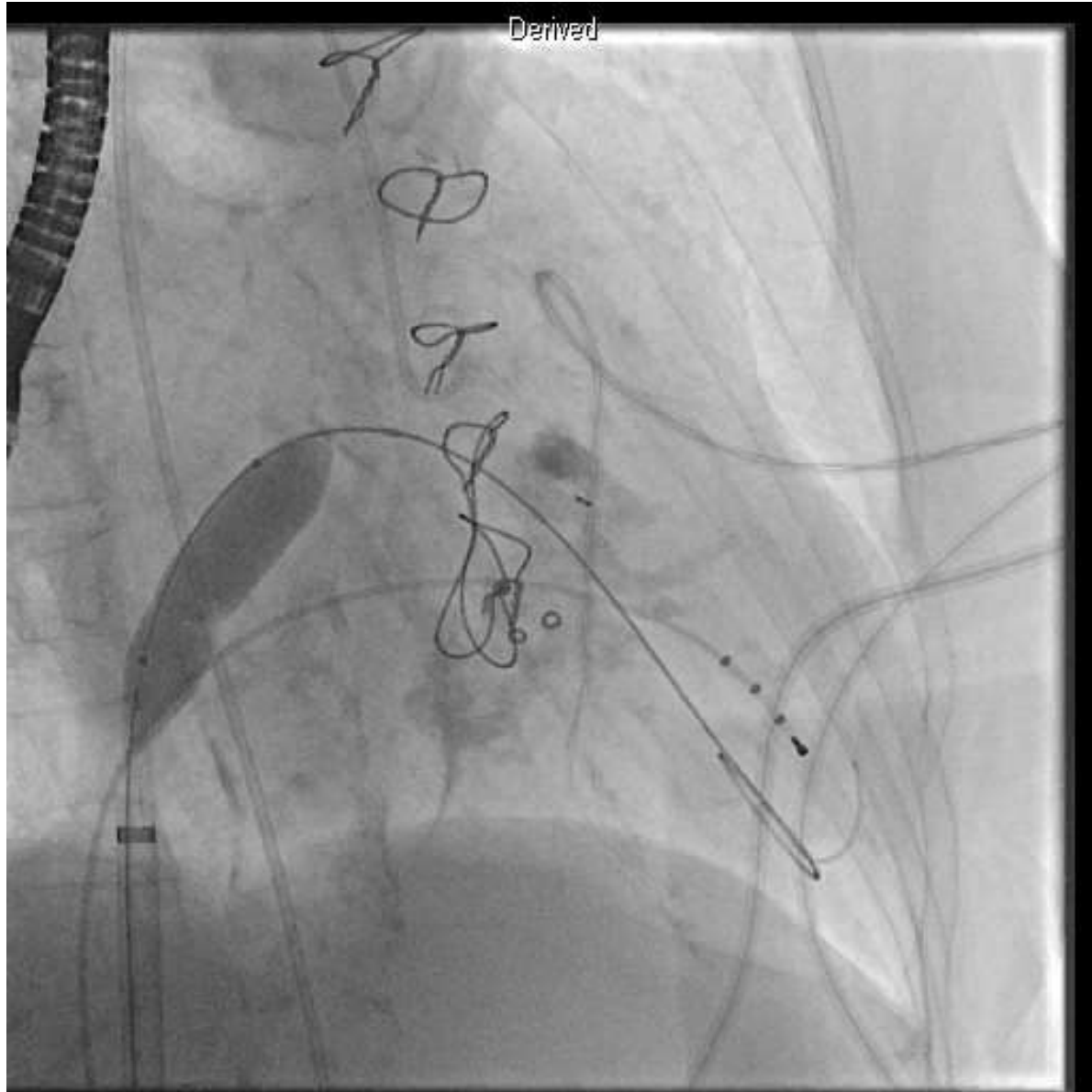


Mitral and Tricuspid Valve in Valve Replacement

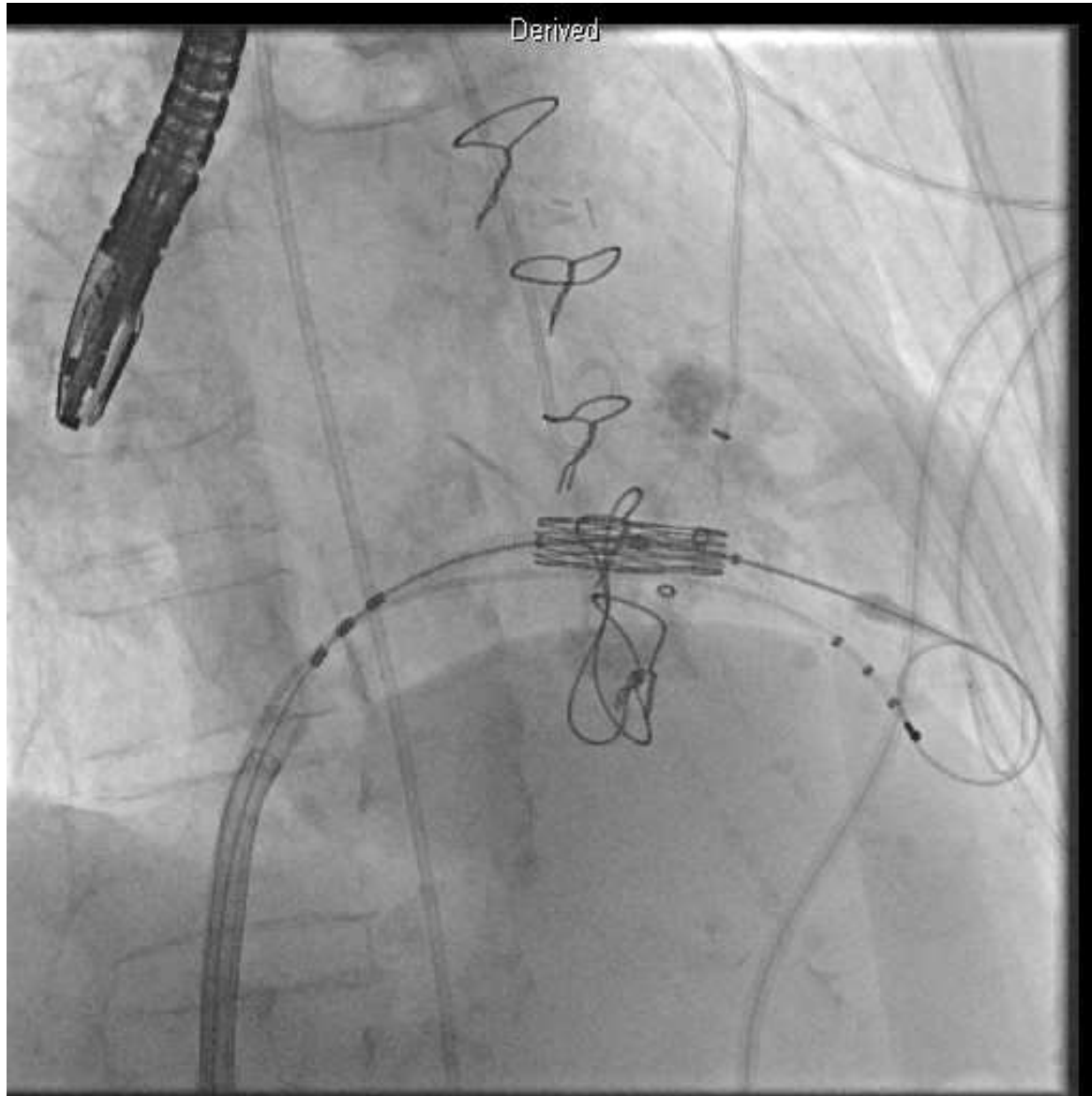
Mitral ViV Intervention



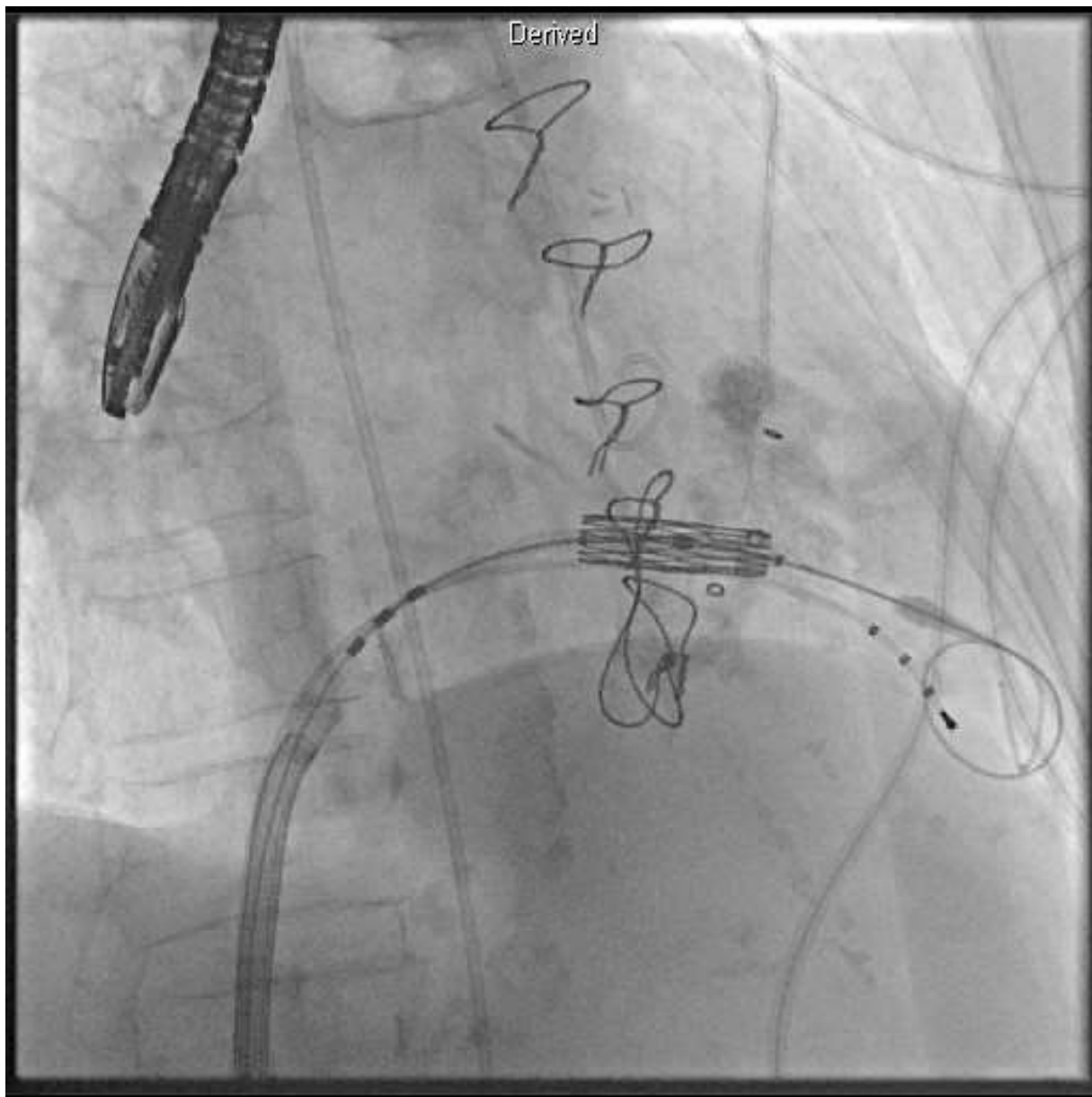
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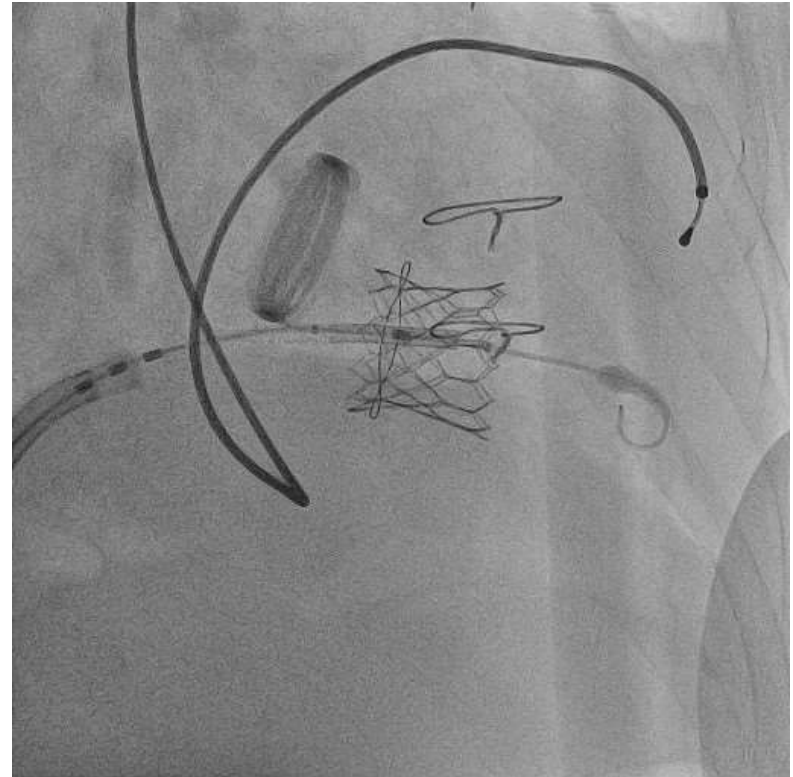
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Derived



Tricuspid ViV Intervention



Needs Findings in MV and TV Interventions

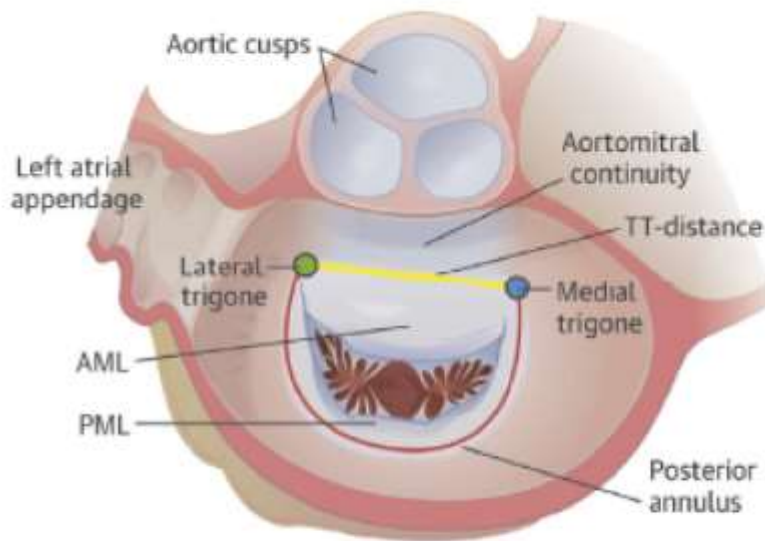
- Mitral Stenosis:
 - Present: Inoue Balloon Valvuloplasty
 - Need: Calcific MS (+/- MAC) Solution: **TMVR**
- Mitral Regurgitation:
 - Present: Mitraclip
 - Need: Calcific valve tip and immobile valve Solution: **TMVR**
 - Need: Functional MR Solution: ? Mitraclip
- Tricuspid Stenosis:
 - Extremely rare
- Tricuspid Regurgitation:
 - Enigma: ? TTVR, **?Clip**
- V-in-V in Mitral and Tricuspid Positions
 - Doable with current technology
 - Need: predictability



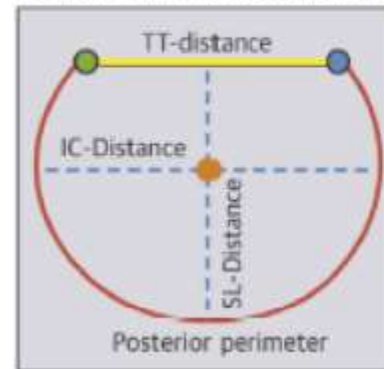
The D-shaped annulus

Anatomical Assessment for TMVI Eligibility and Device Sizing

3D ANNULAR SEGMENTATION (CT/3D TEE)



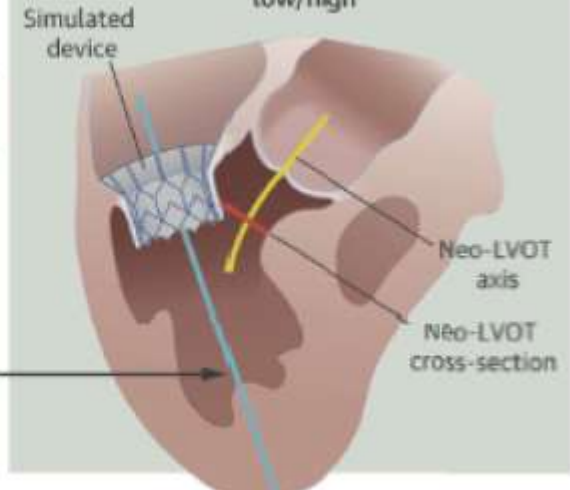
Pertinent Annular Measurements



- Annular area
 - Perimeter
 - SL-Distance
 - IC-Distance
- Device Size

DEVICE SIMULATION FOR LVOT OBSTRUCTION PREDICTION (CT)

- Embedded geometry in CT data set
 - Trajectory determines device orientation
 - Quantification of Neo-LVOT area
- Risk of LVOT Obstruction: low/high

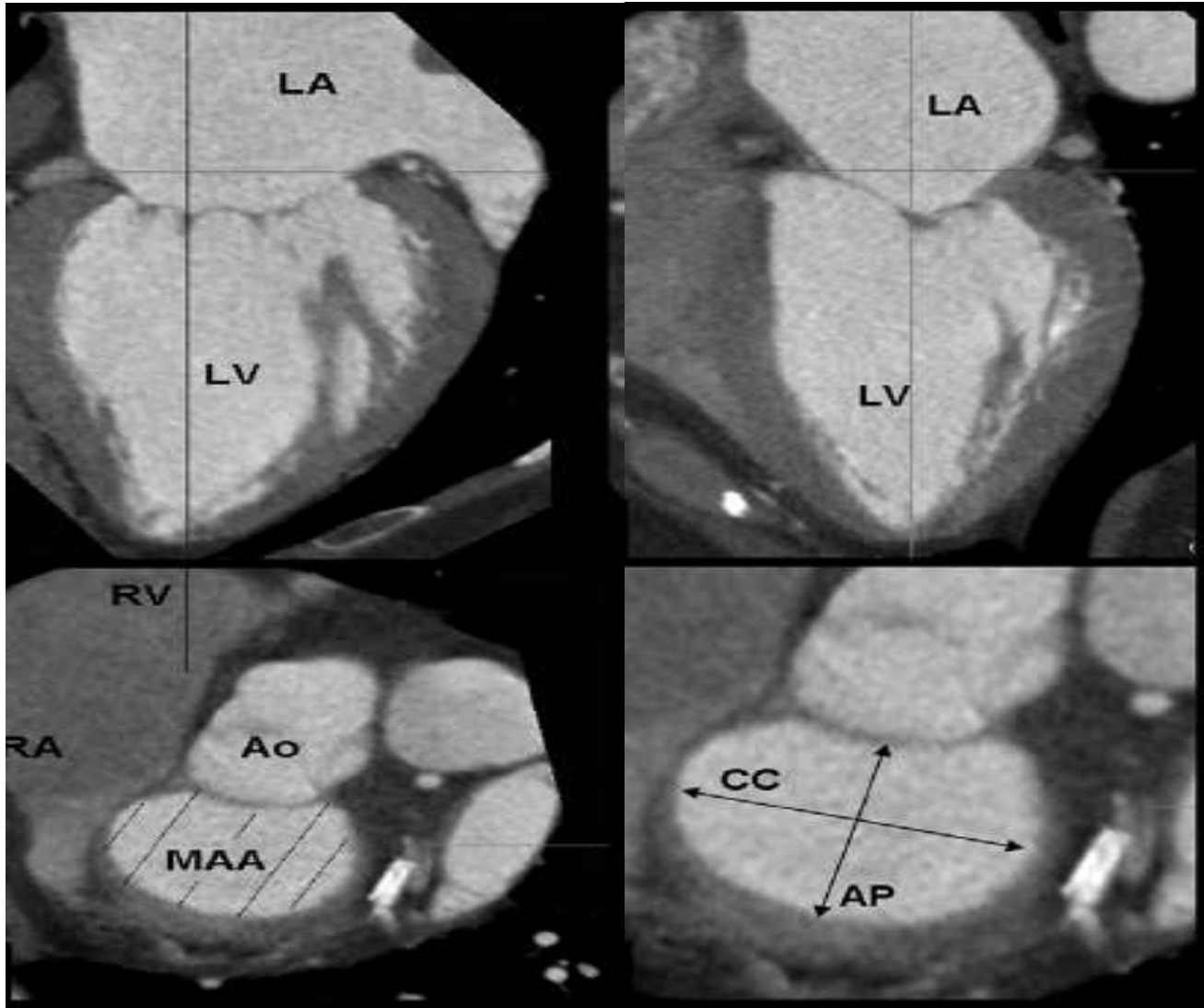


LANDING ZONE CHARACTERISTICS (CT/2D AND 3D TEE)

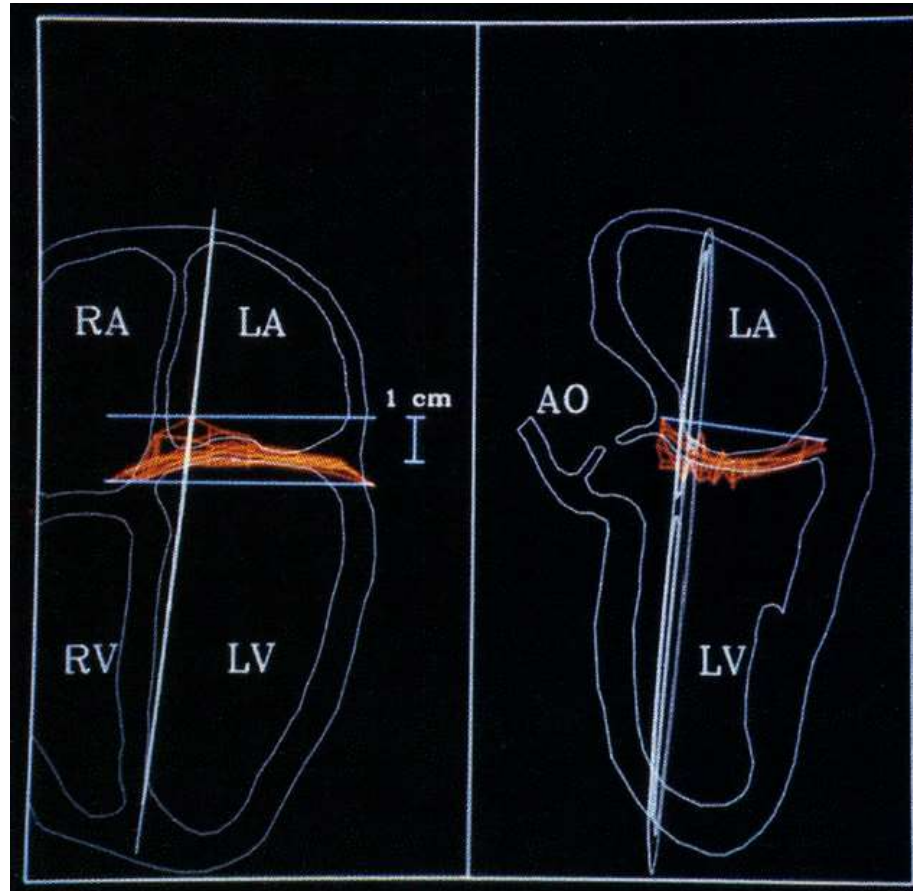
- Annular calcium
 - MVP/mitral annular disjunction
 - Myocardial shelf
 - Leaflet length
 - Directly inserting papillary muscles
- Adequate Landing Zone: yes/no



MDCT to Guide Transcatheter Mitral Valve Replacement

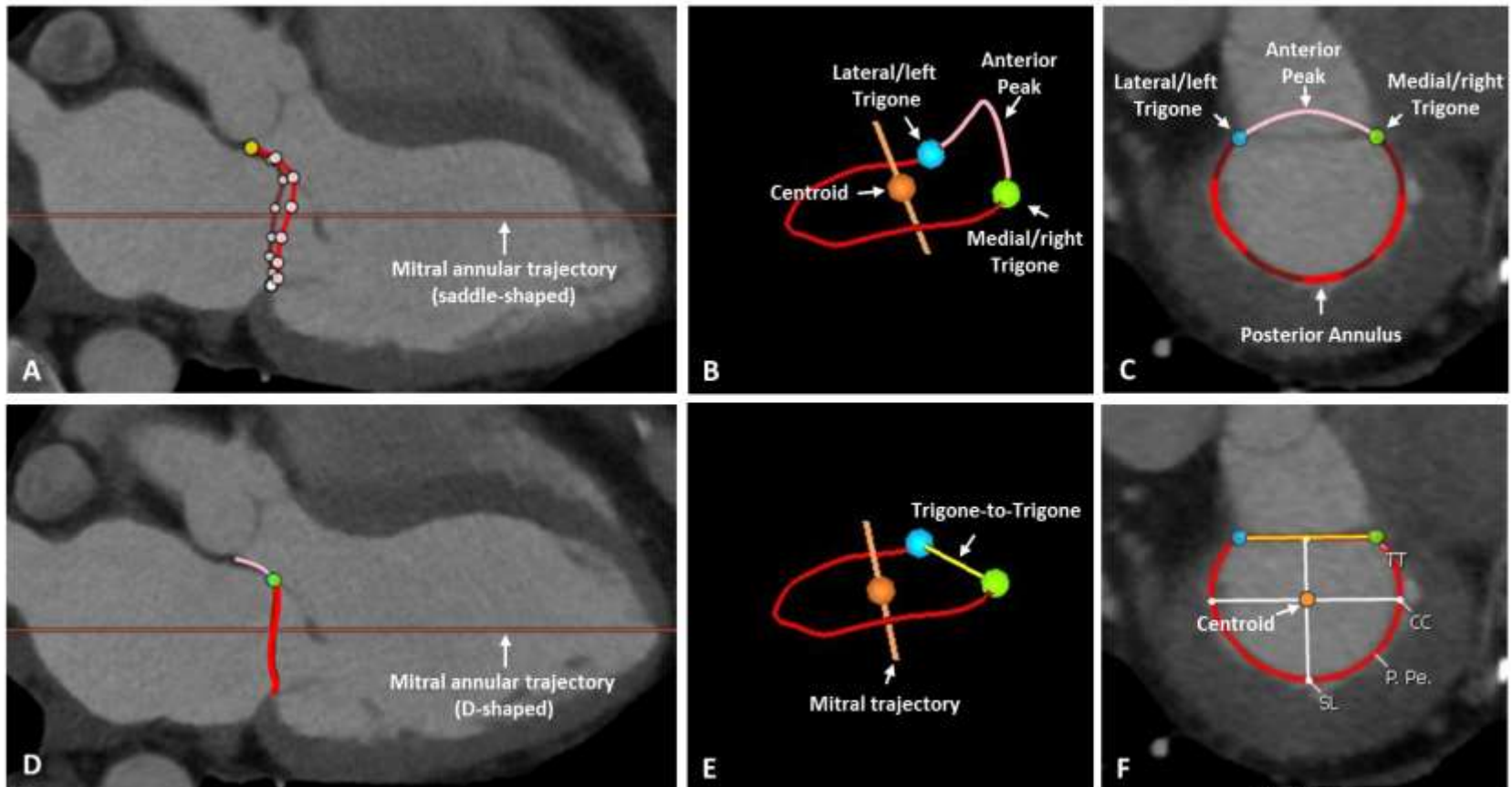


Mitral Annulus is non-planar



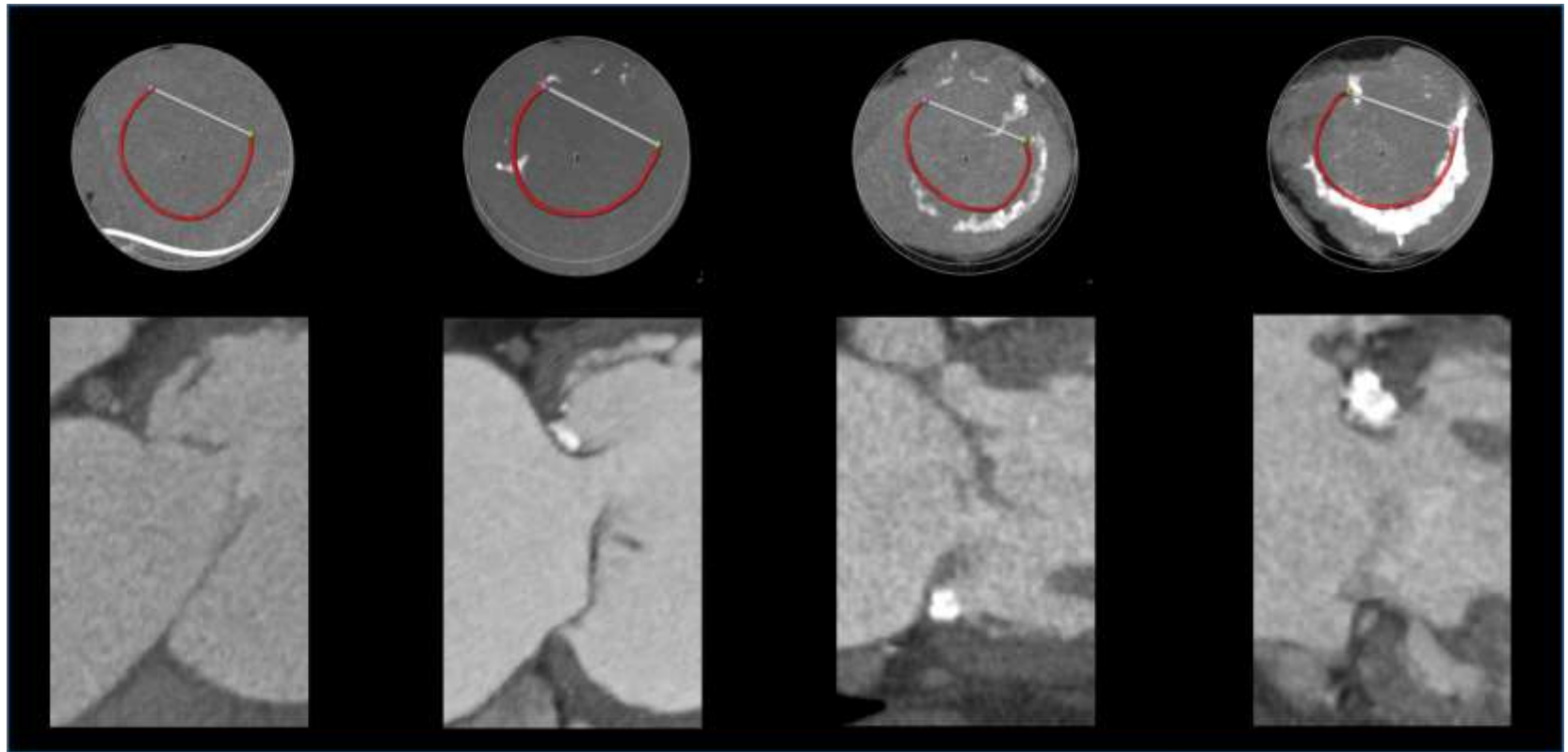
Saddle shape with a valley and 2 peaks extending to the aortic root

Segmentation of the Saddle and D Shaped Annulus



Landing Zone Characterization

Mitral annular calcium

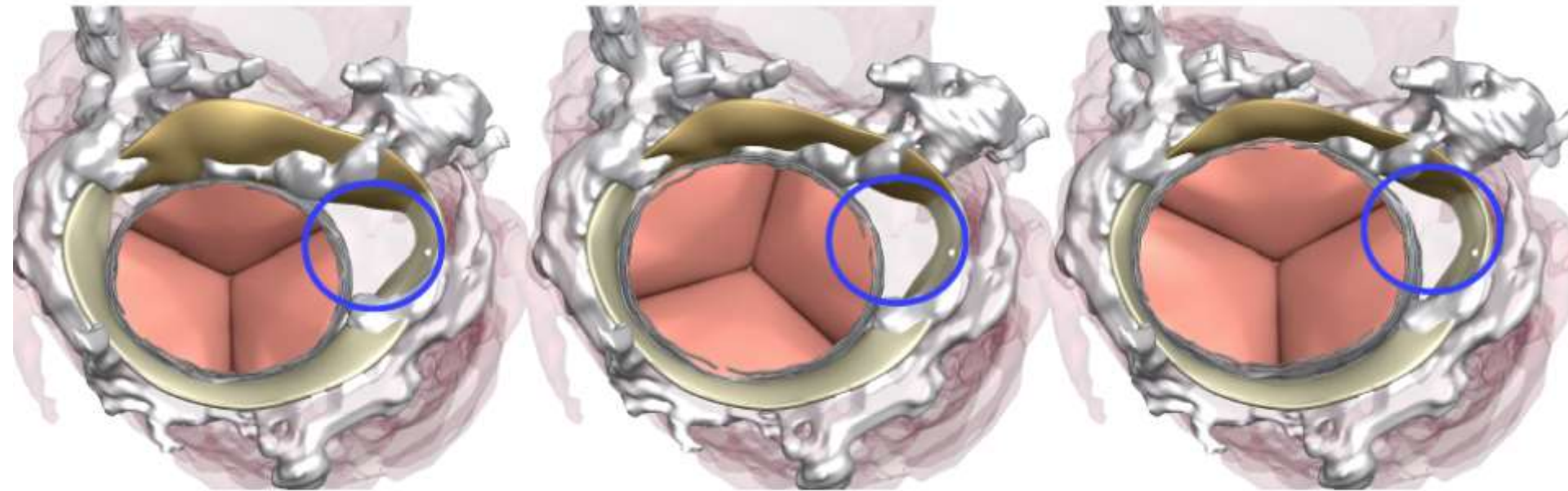


Predicting complications and patient suitability

Lotus 23mm

Lotus 25mm

Lotus 27mm

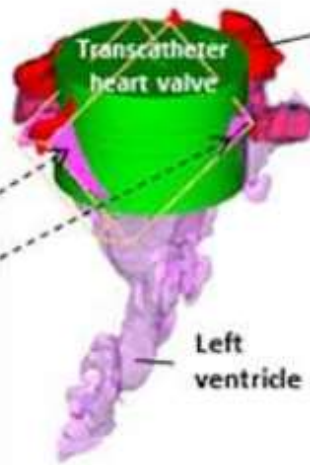


Ignore the neo-LVOT at your peril

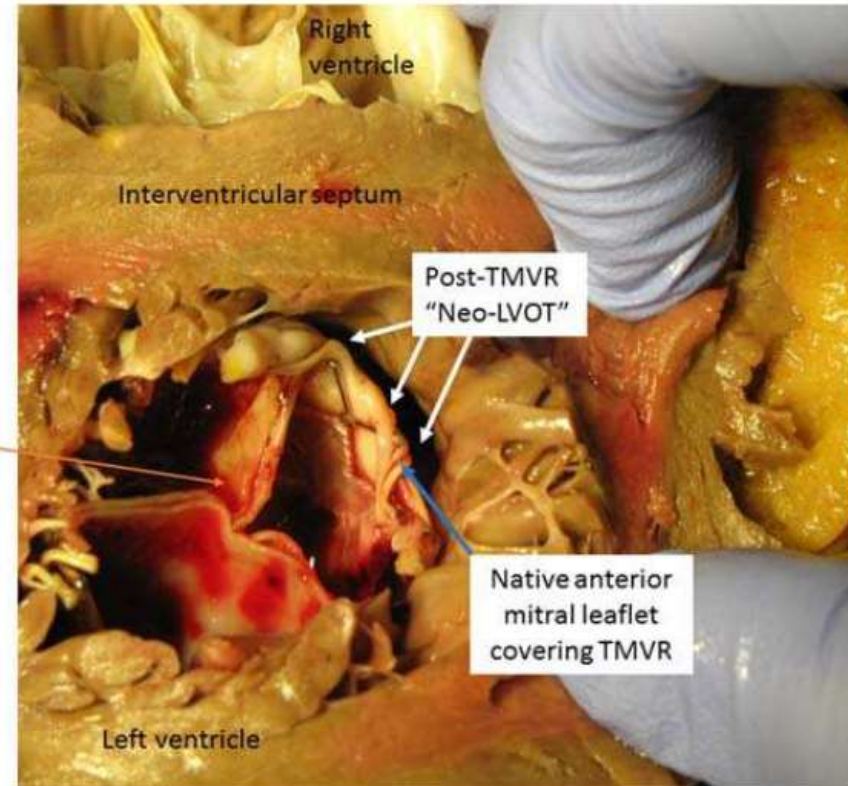
LVOTO

A.

Predicted neo-LVOT surface area	44.9 mm ²
Post-TMVR LVOT gradient	82 mmHg

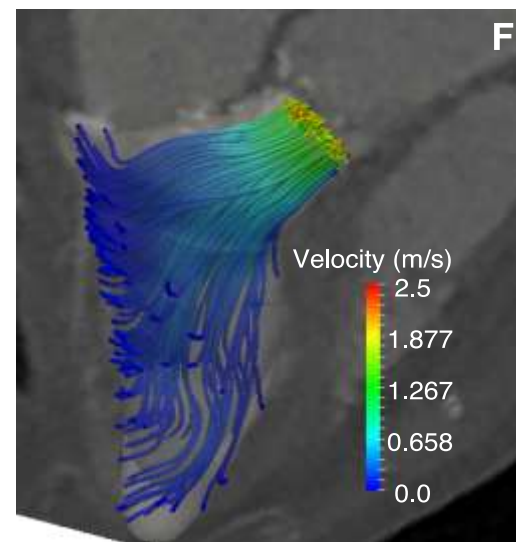
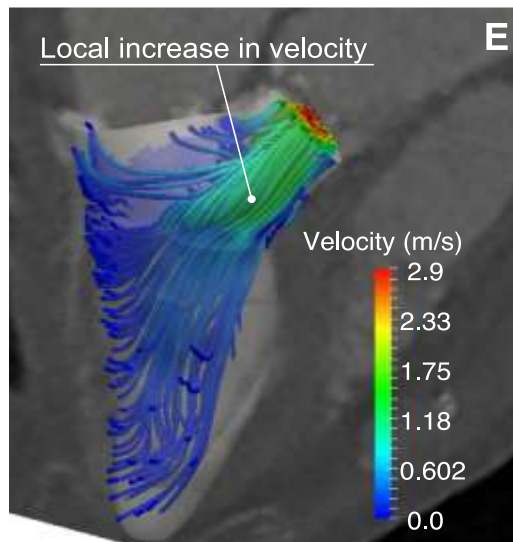
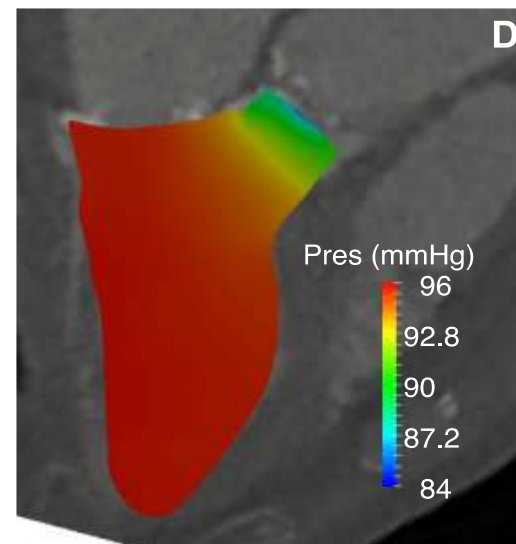
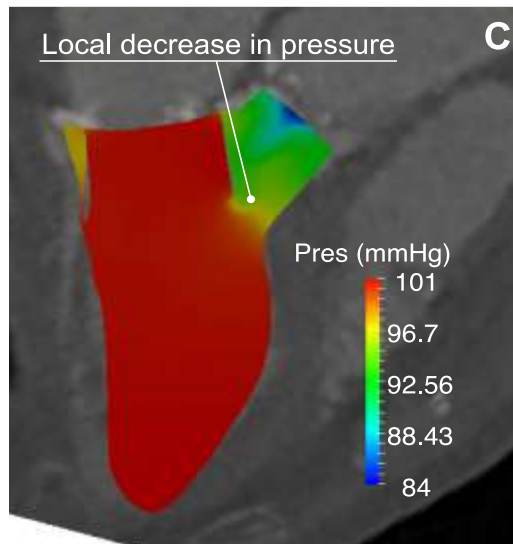


26 XT transcatheter heart valve in Mitral position

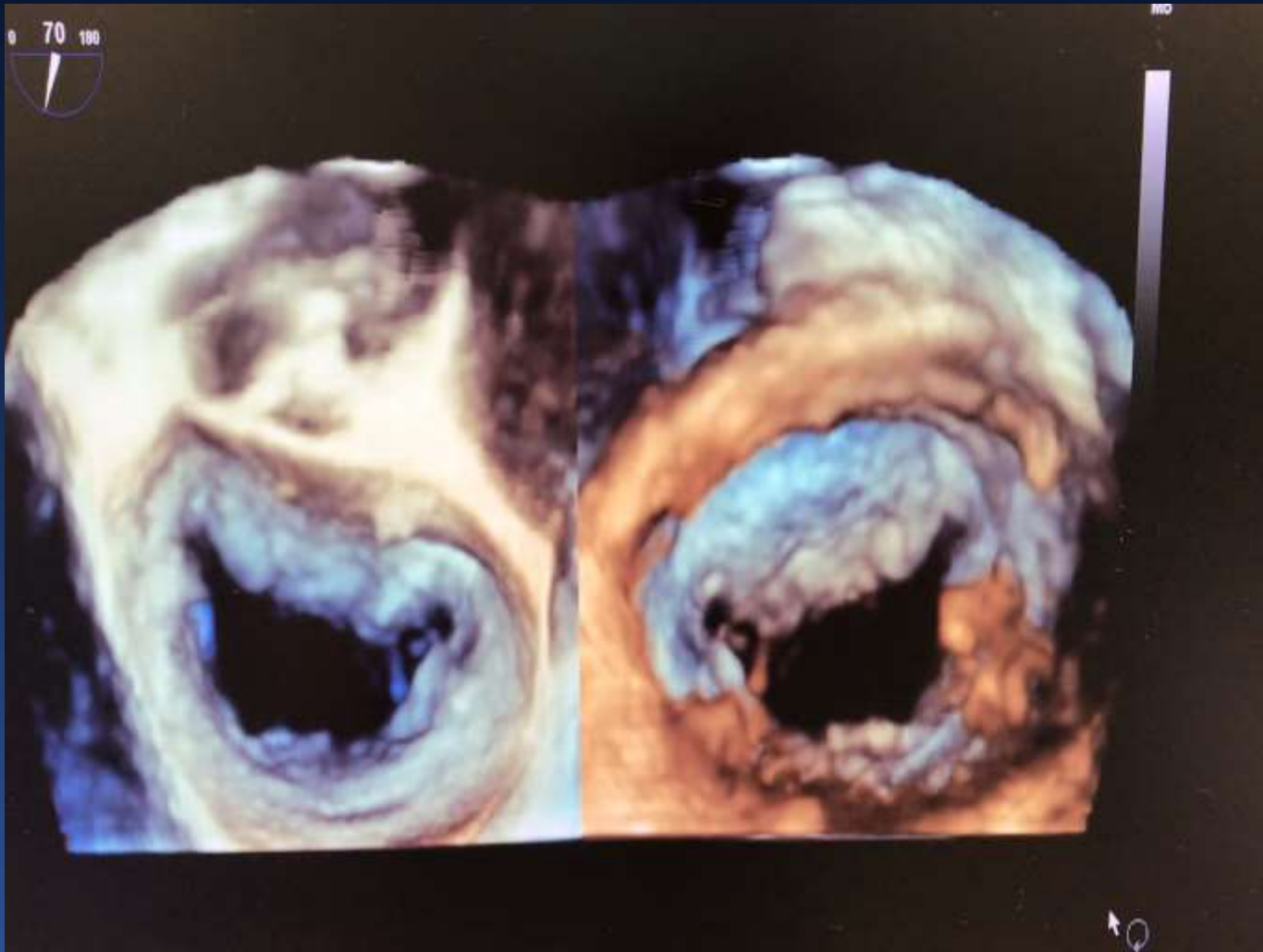


Wang DD et al., Catheterization and cardiovascular interventions
2017, ePub ahead of print

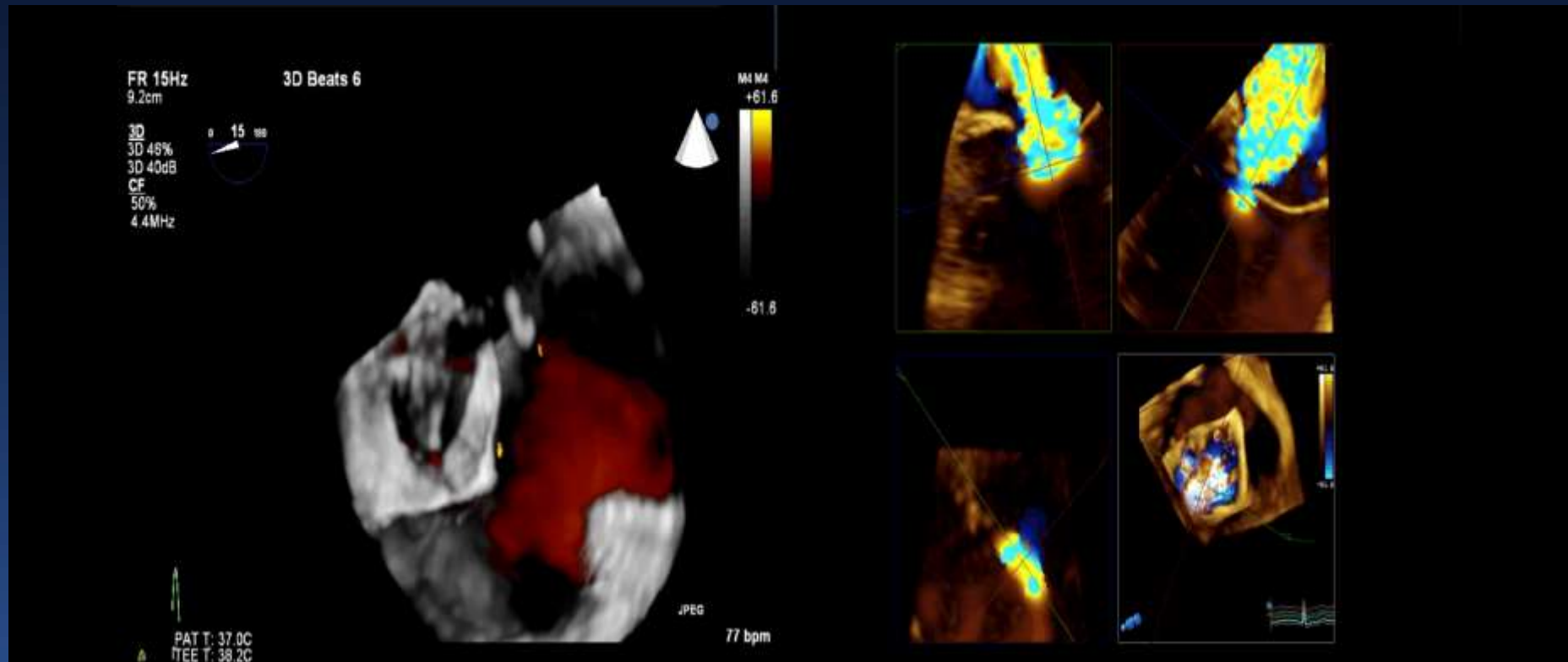
Personalized prediction of blood flow and gradients



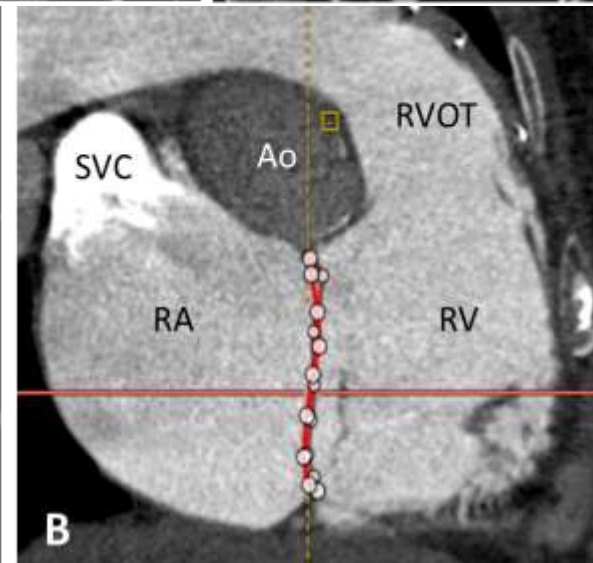
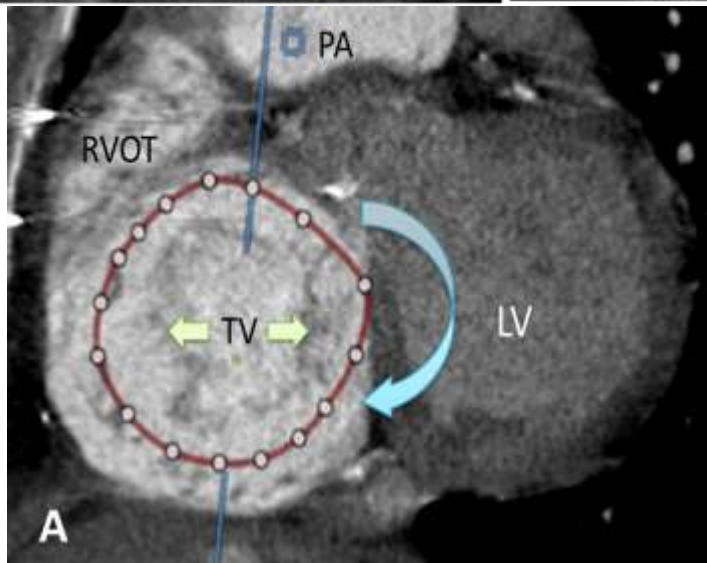
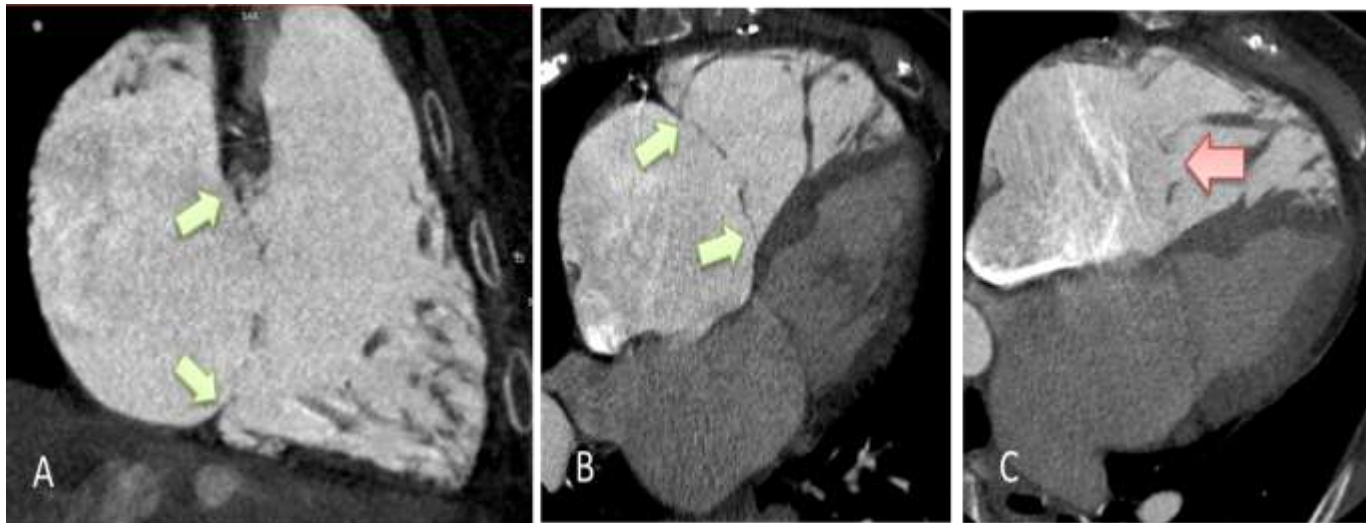
Comprehensive Imaging with 3D TEE for Mitral Procedures



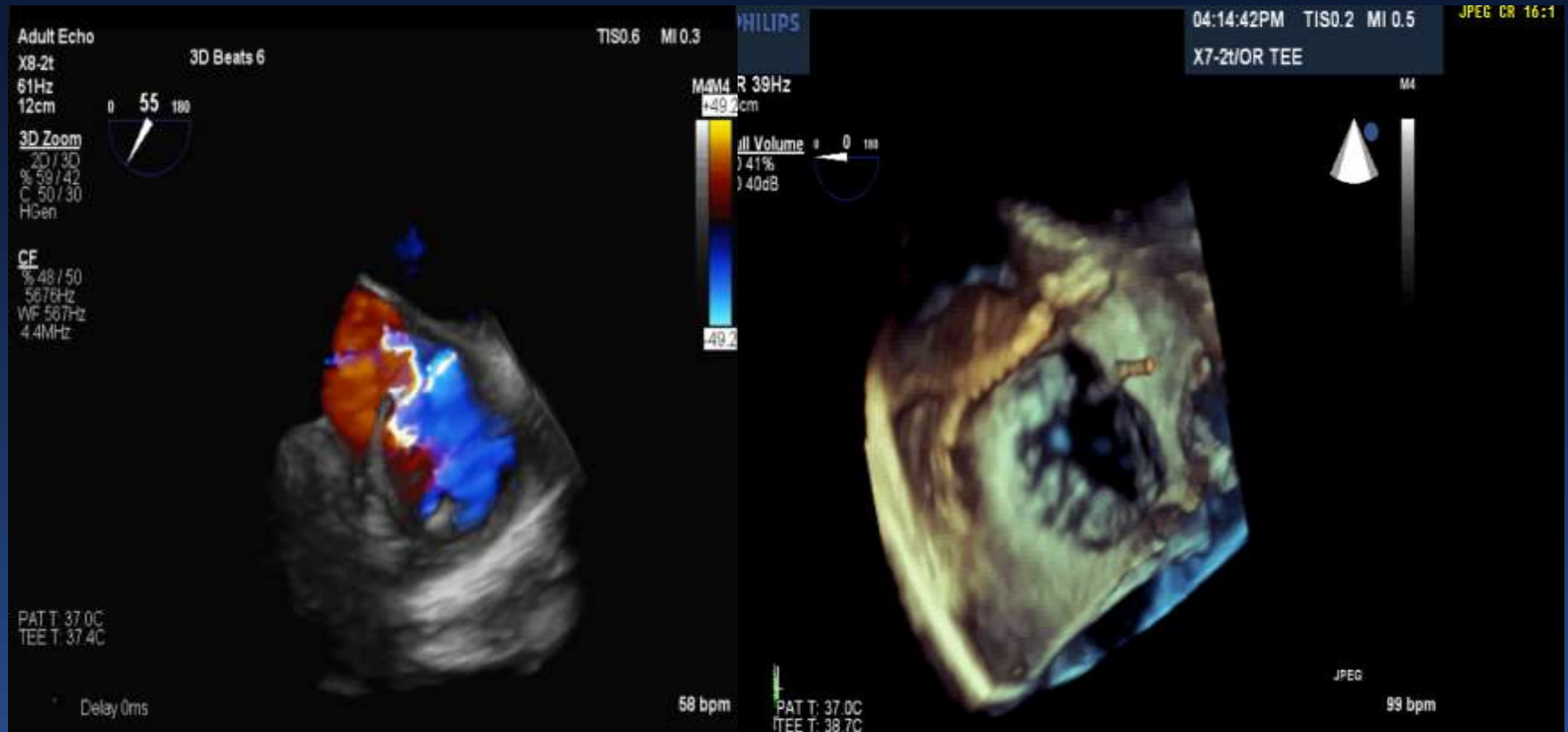
Vena contracta width (VCW) versus area(VCA)



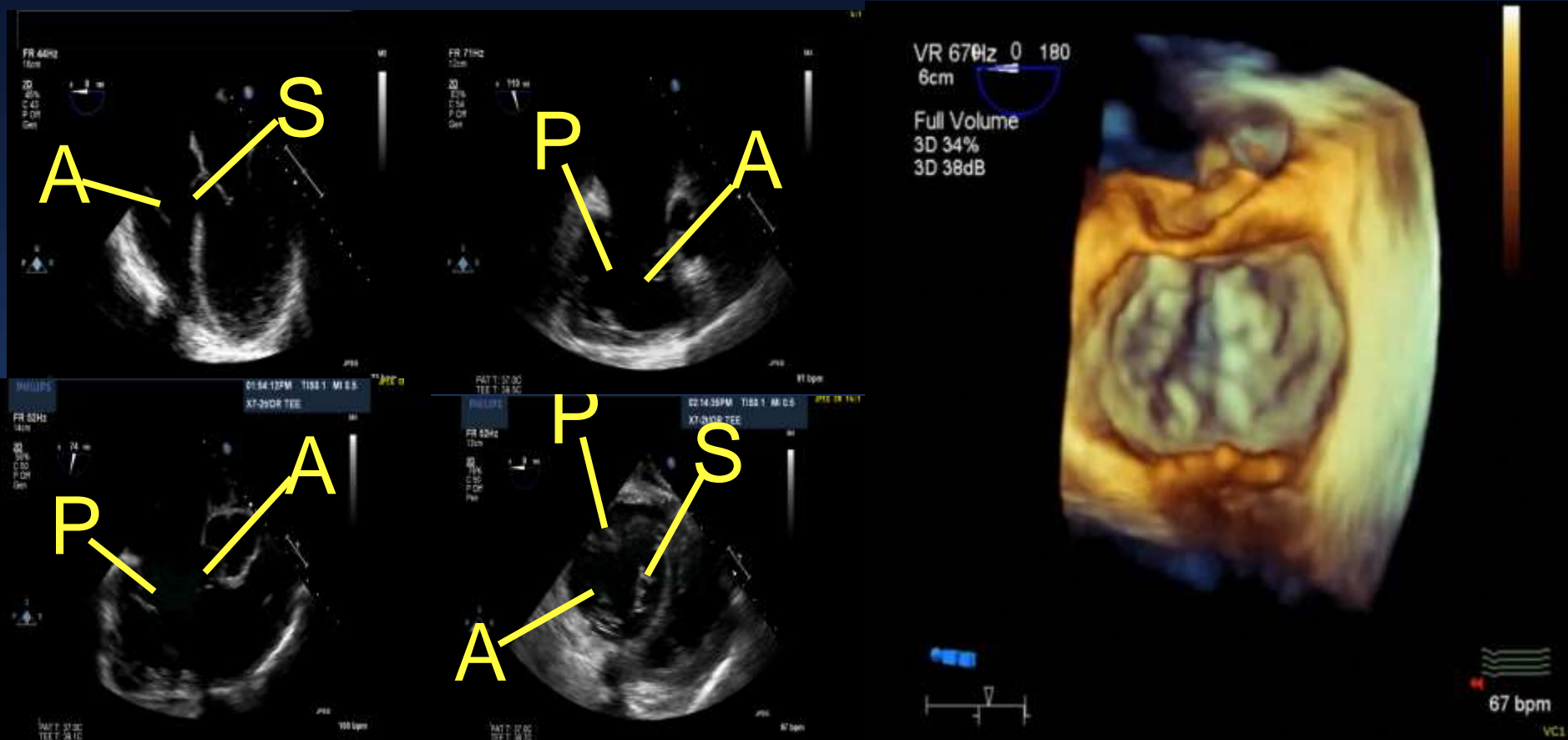
Varied contrast timing allows for Tricuspid Valve/Annular Evaluation



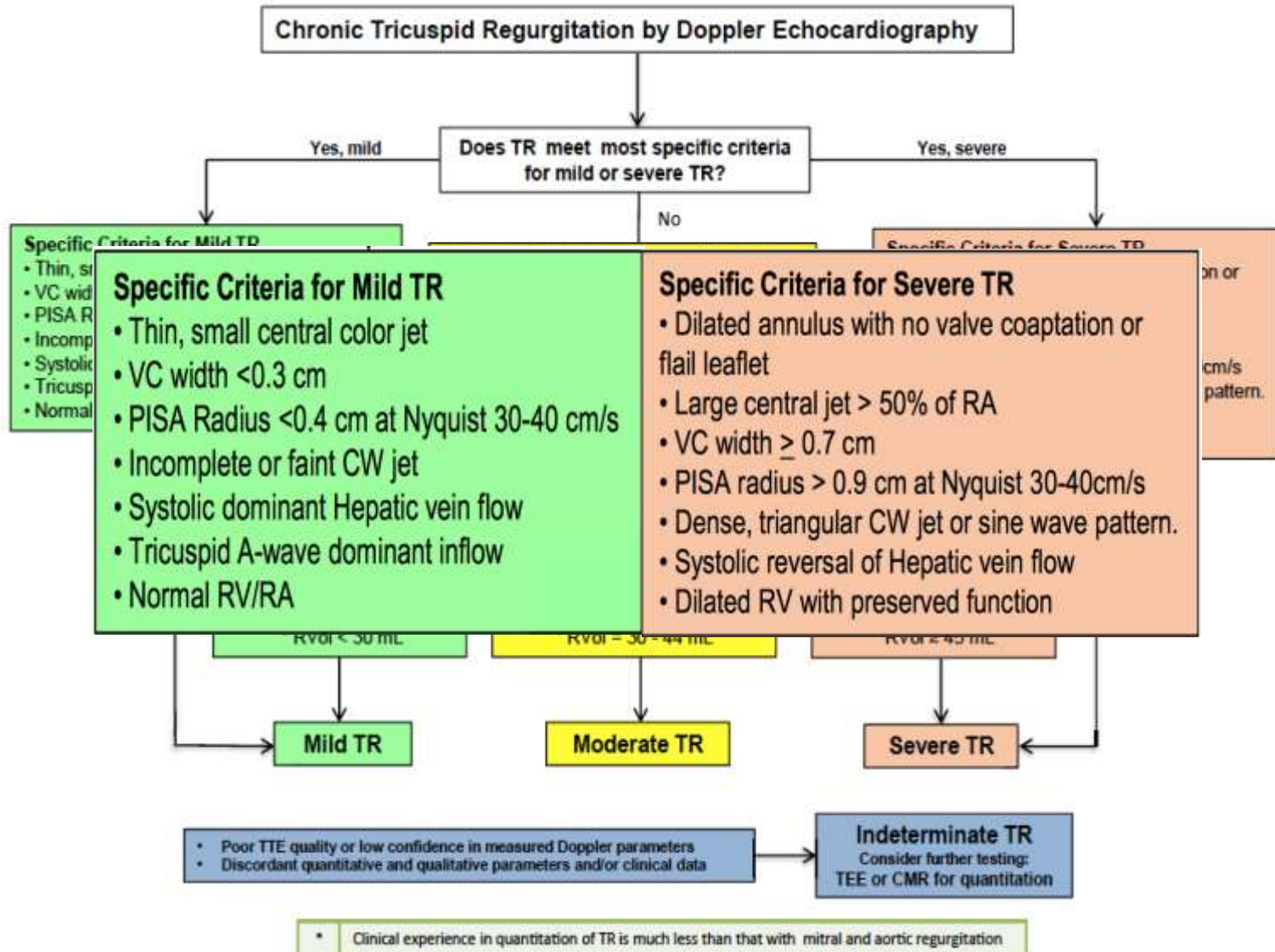
Comprehensive Imaging Assessment of Tricuspid Regurgitation



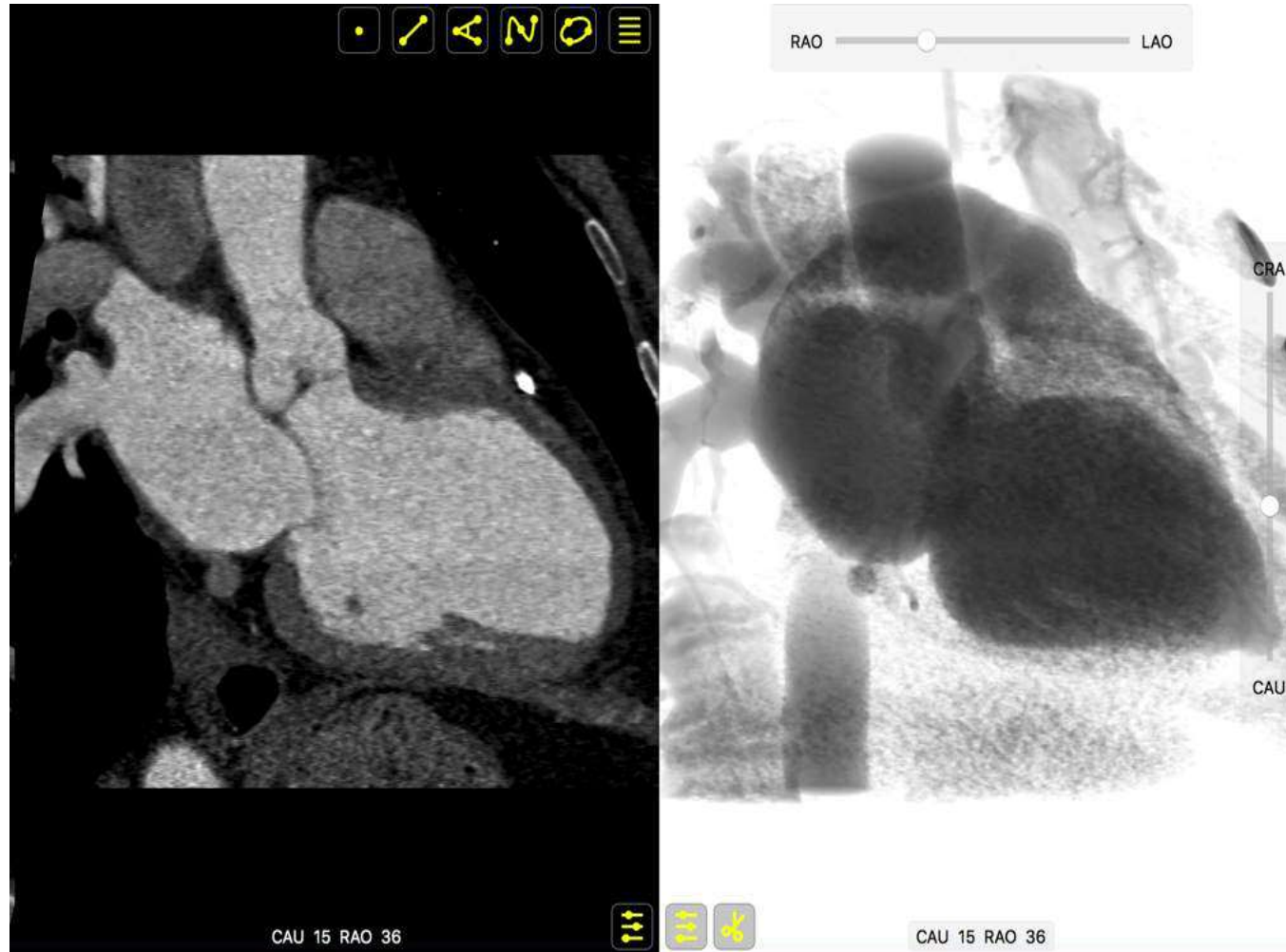
Comprehensive Imaging Assessment of the Tricuspid Valve



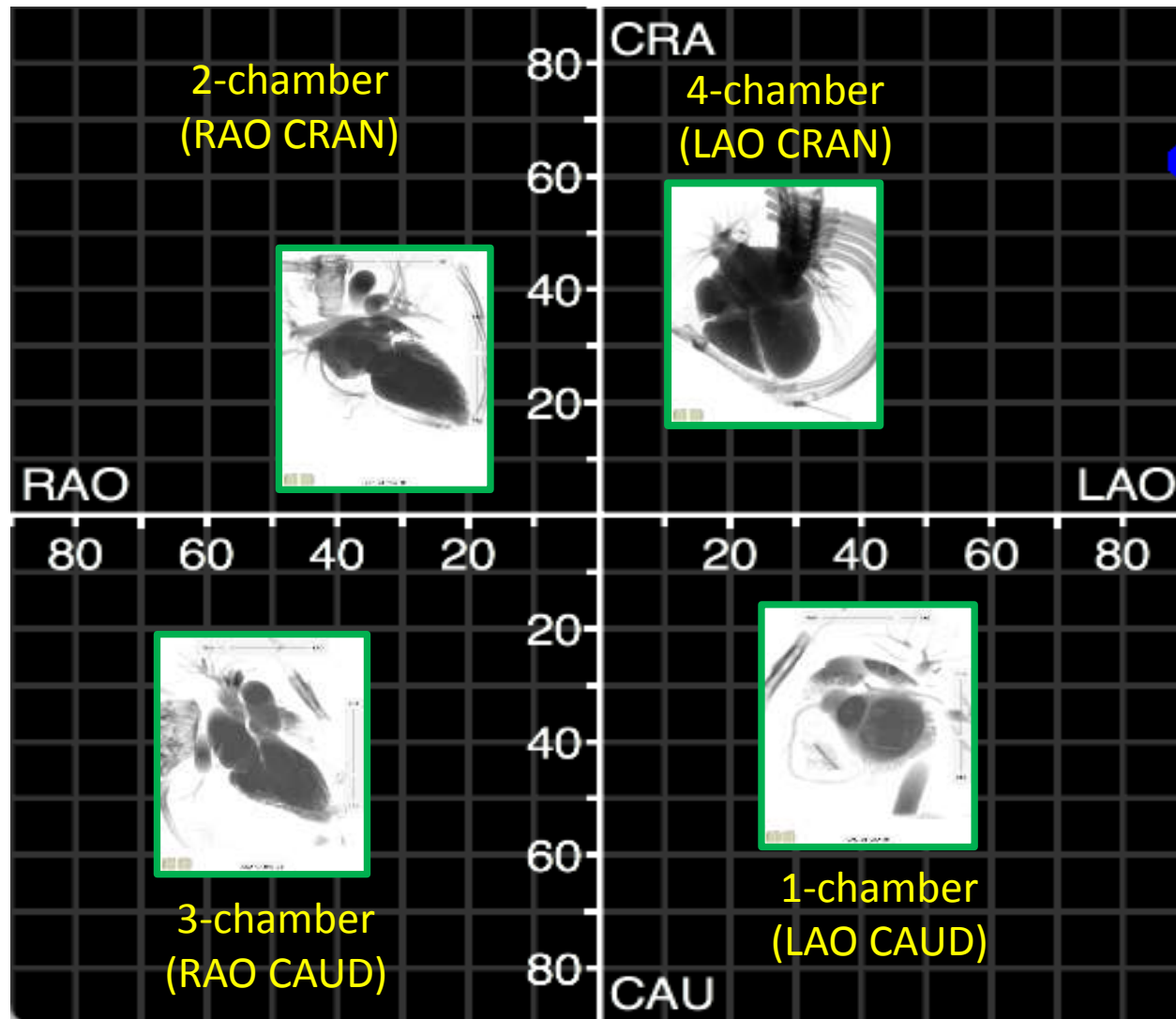
Grading TR is not trivial...



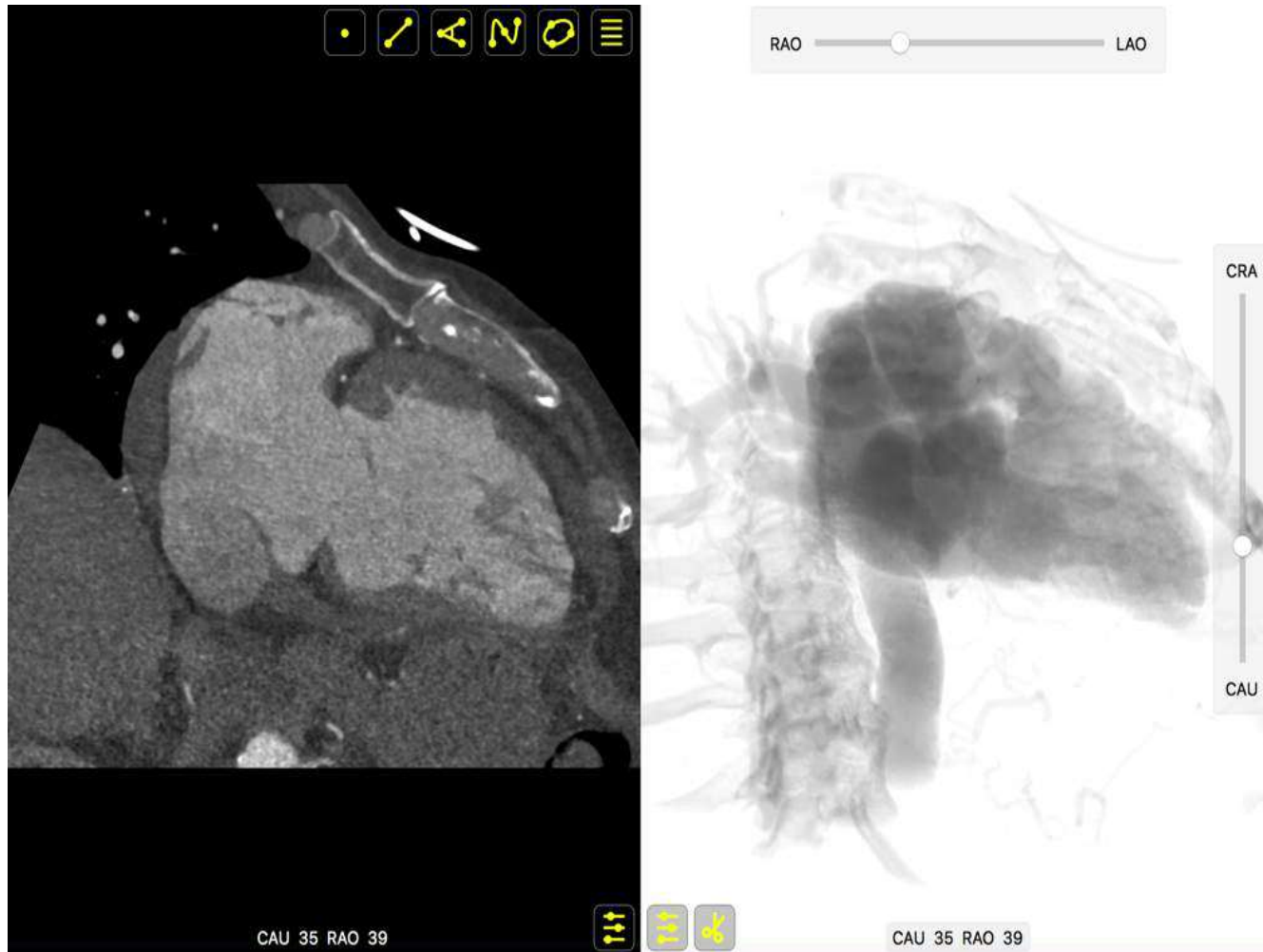
Chamber views of the left heart: from MSCT to fluoroscopy



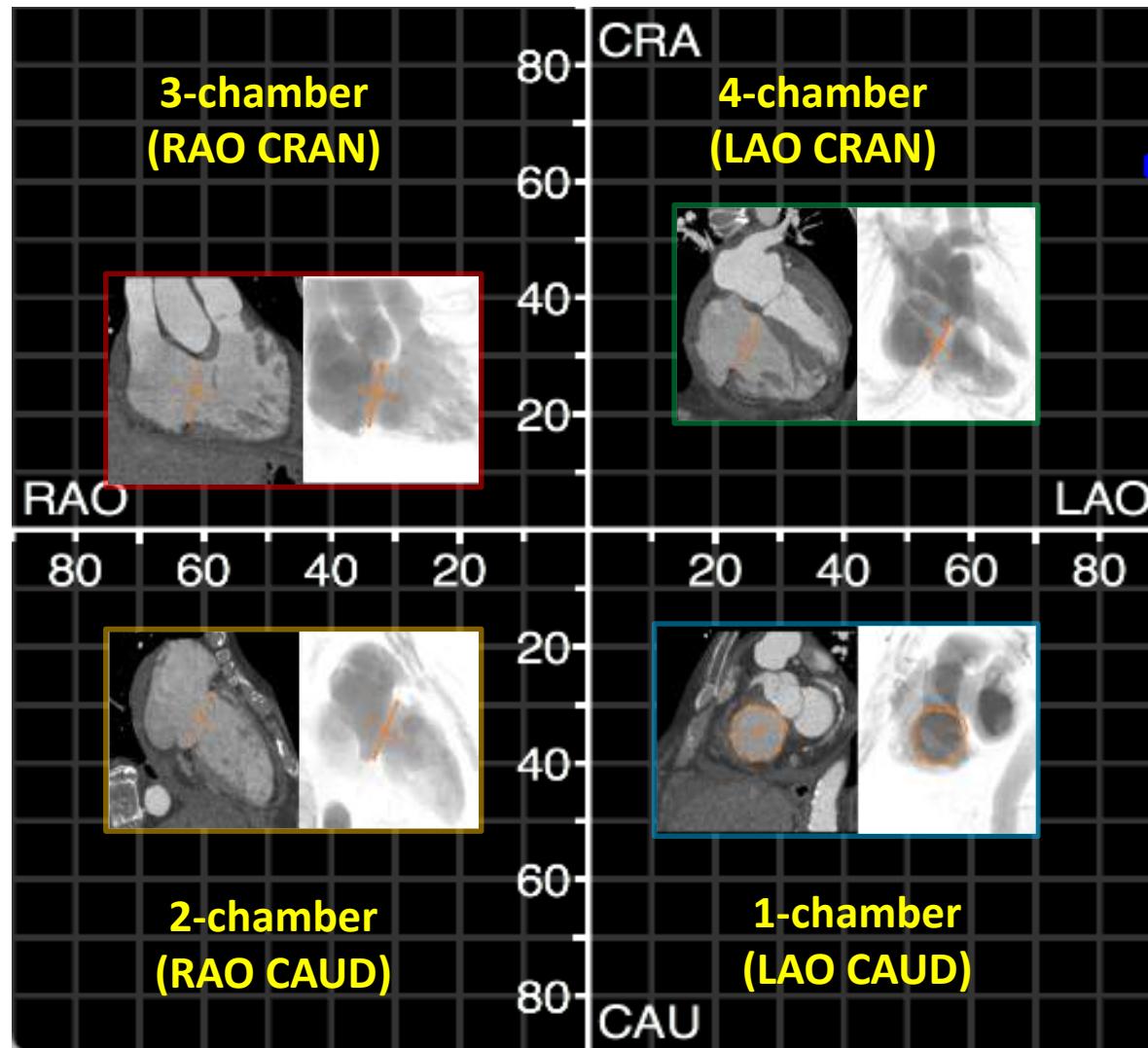
Left heart chamber views



Chamber views of the right heart: from MSCT to fluoroscopy



Right heart chamber views



Preparing for the Future

- Inoue anatomical consideration
- Chamber views on fluoroscopy
- TEE manipulation of catheters (e.g. mitral clips)
- VinV Mitral and Tricuspid procedures
- TEE measurements and quantification
- CTA measurements and quantification
- 3D printing protocol



