

My Challenging MitraClip Case of the Year



LOS ROBLES
HEALTH SYSTEM

Dr Saibal Kar, MD, FACC

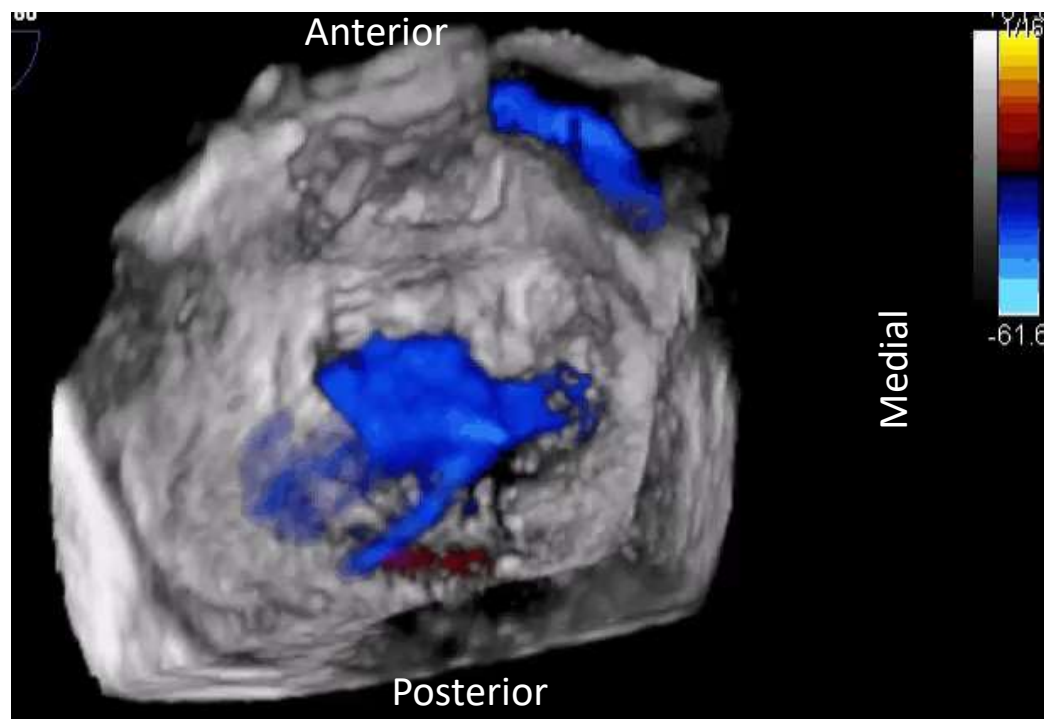
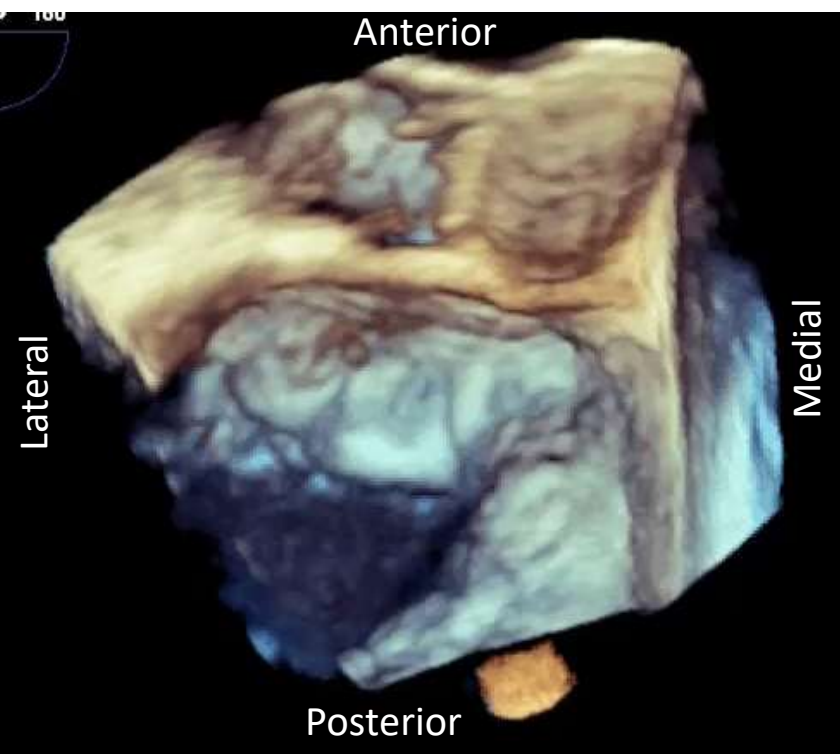
Director of Structural Heart Disease Interventions and Research
Los Robles Regional Medical Center and Bakersfield Heart Hospital
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85 year old gentleman; father of a cardiologist (electrophysiologist

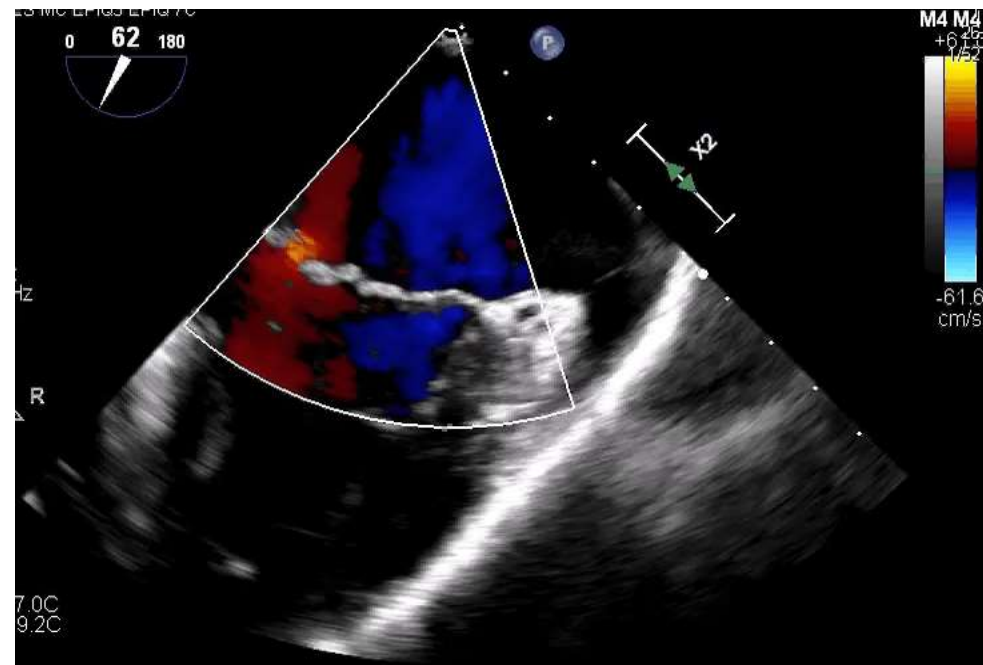
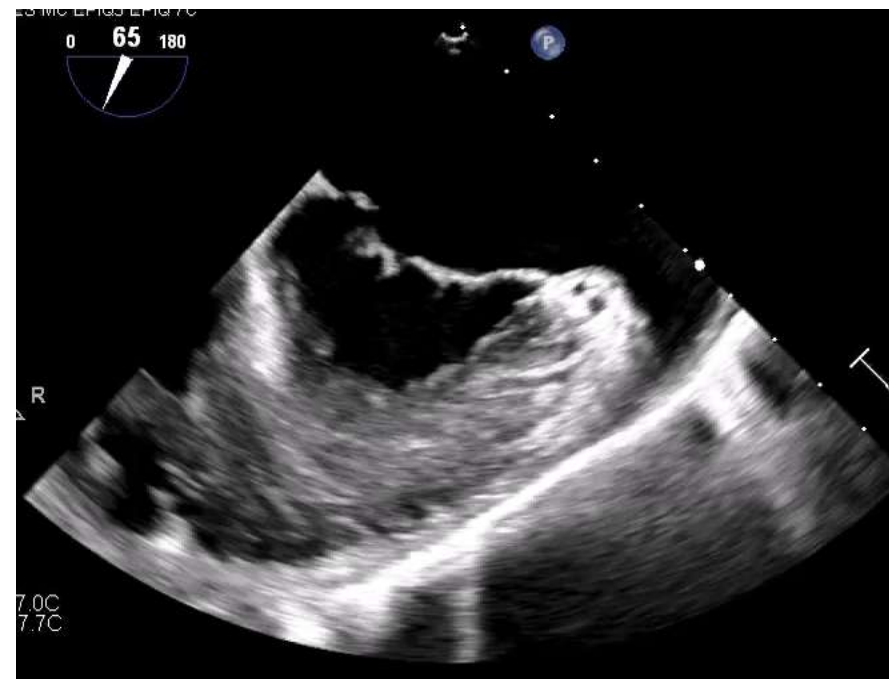


- Known patient of mitral regurgitation for several years
- Fatigue for the last few months
- Atrial fibrillation for last few months

Baseline TEE: 3D enface view of the mitral valve



Baseline TEE: Bicommisural view with and without color



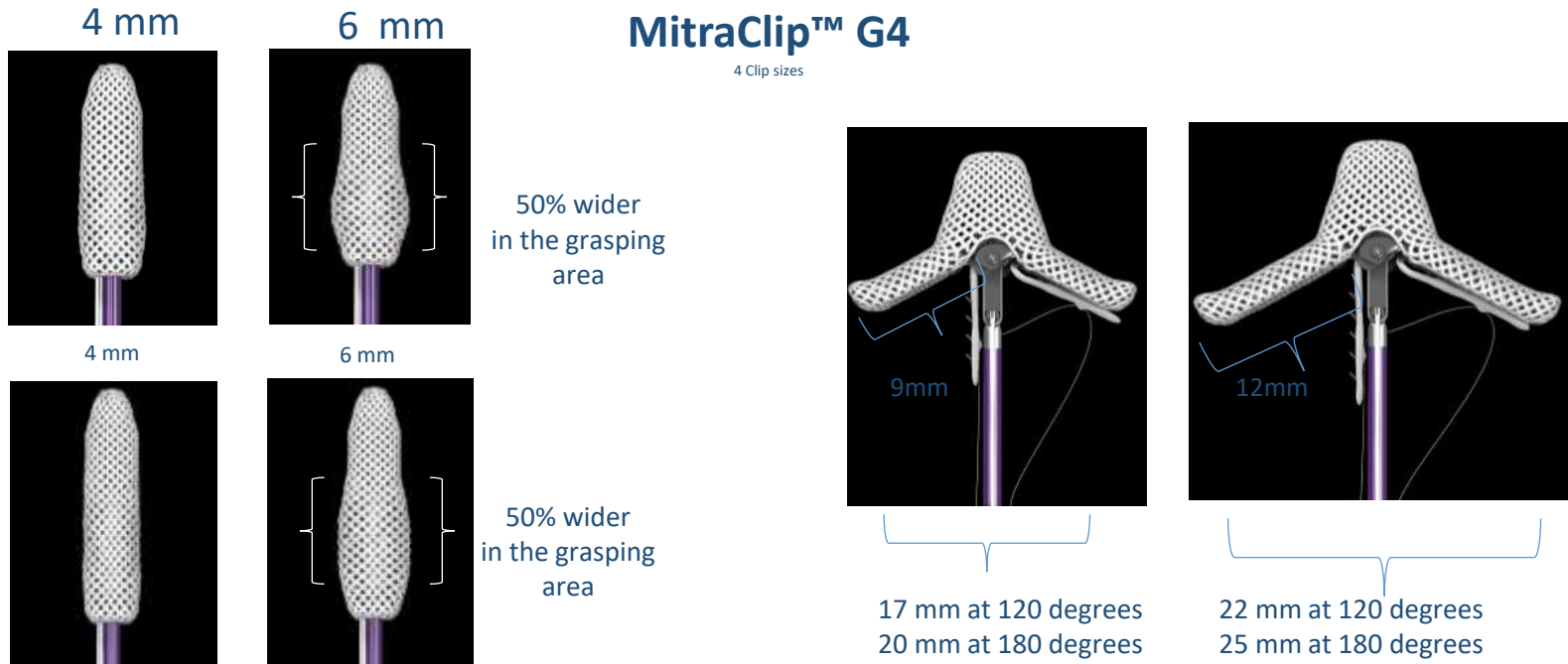
What next



- Consider cardioversion and start Eliquis
- AF ablation since son is EP doc
- Surgical mitral valve repair
- Surgical mitral valve replacement
- Enroll patient in the Apollo Trial
- MitraClip
- Pascal

MITRACLIP™ DESIGN: 4th GENERATION SYSTEM

EXPANDED CLIP OPTIONS TO TAILOR REPAIR TO A PATIENT'S ANATOMY



With Four Clip sizes of the MitraClip™ G4 system you can choose the right Clip for each patient's mitral valve anatomy/pathology

FDA approved, CE Mark approval pending, not approved in Asia

Clip Strategy



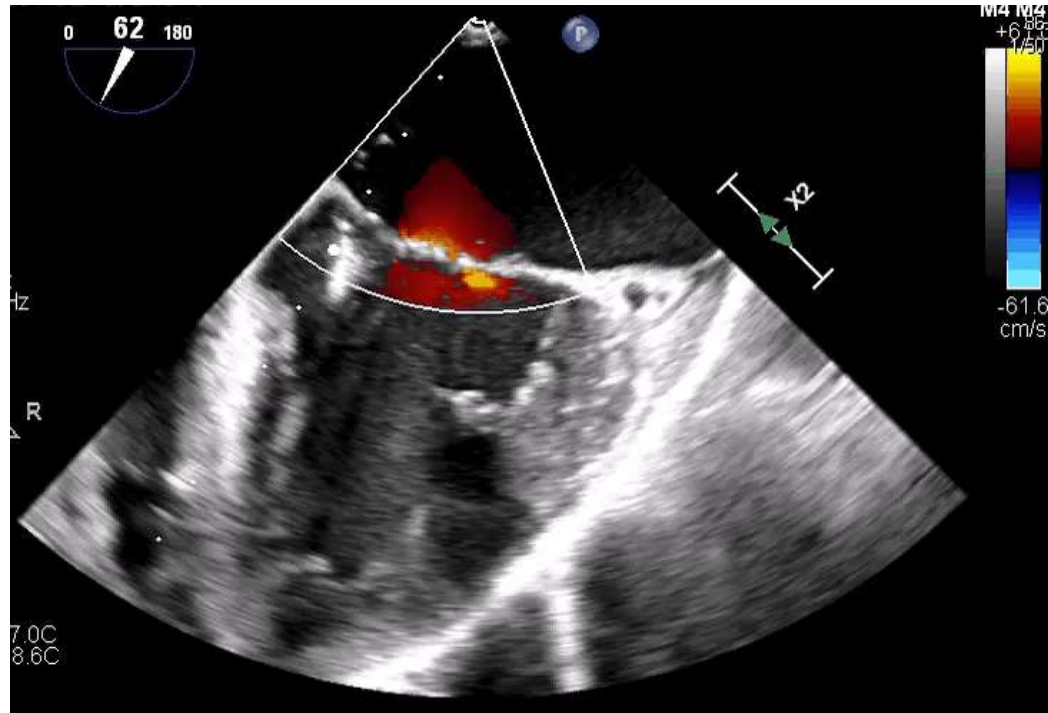
- One XTW
- One XTR
- One or two NT
- One NTW

At commissures the leaflet span is short and there crowding of chords, so smaller
Narrower clip is preferable

First Clip: NT position is around 10-4 oclock

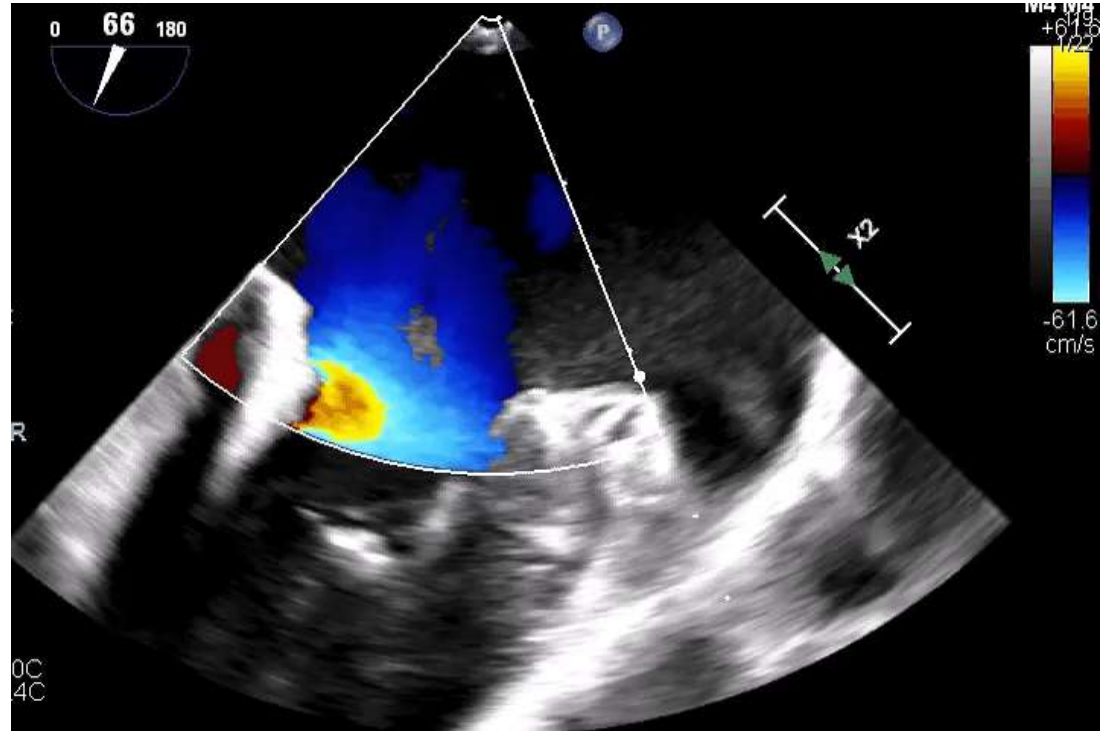


Check clip position above, below
And then after grasping



Horizontal jet gone, just a moderate vertical jet
Check LA pressures

Second Clip: NT position is around 10-4 oclock



Final result: (mean gradient 2 mm Hg



Subsequent care



- Discharged home the next day (trace MR on discharge)
- Cardioverted in 3 weeks
- If there is recurrence of AF will consider Left atrial appendage closure

Conclusions



- New generation of MitraClip, will help improve the efficacy, efficiency and safety of the procedure
- Choice of the Clip will depend on the pathology of the mitral valve