# TCTAP 2023 Imaging for Transcatheter Tricuspid Valve Interventions

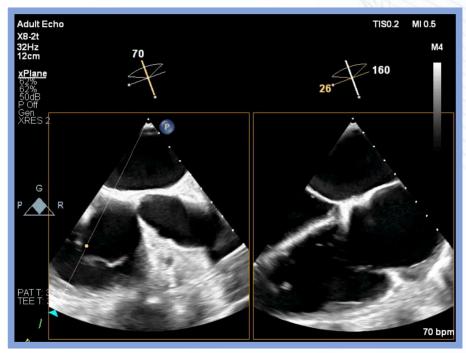
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### **Disclosure**

• I do not have any potential conflict of interest to declare.

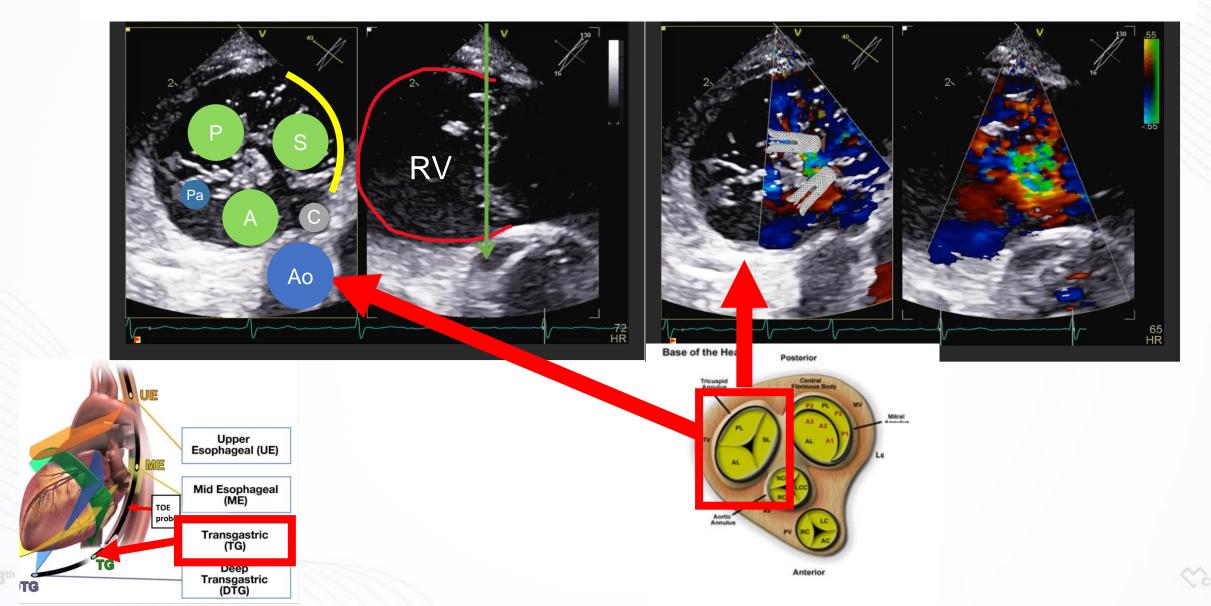
### What are the essential TEE images for tricuspid intervention?

#### The Tricuspid TEER Scoring system Straightforward Complex Moderate **Parameters** (0 points) (2 points) (1 point) 0 - 2 mm 3 - 6 mm > 6 mm Septolateral Gap > 75 %1 25 - 75 %<sup>1</sup> < 25 %<sup>1</sup> **Septal Leaflet** Mobility/Tethering туре і-іі туре пі Type IV Leaflet Number/ Morphology Anteroseptal Posteroseptal Anteroposterior **Predominant Jet** location Limited (1 point) Good (0 points) Shadowing/ **Image Quality** oval/linear (0 points) star-shaped (1 point) **En-face TR Jet** Morphology

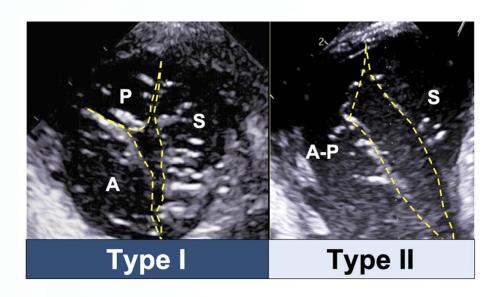




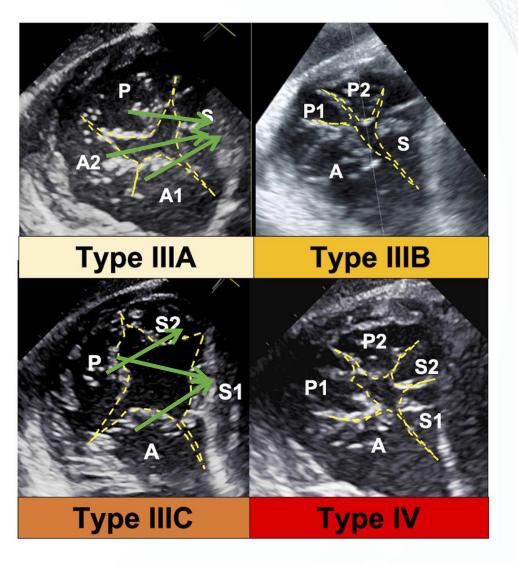
### **Transgastric Enface view 40°**



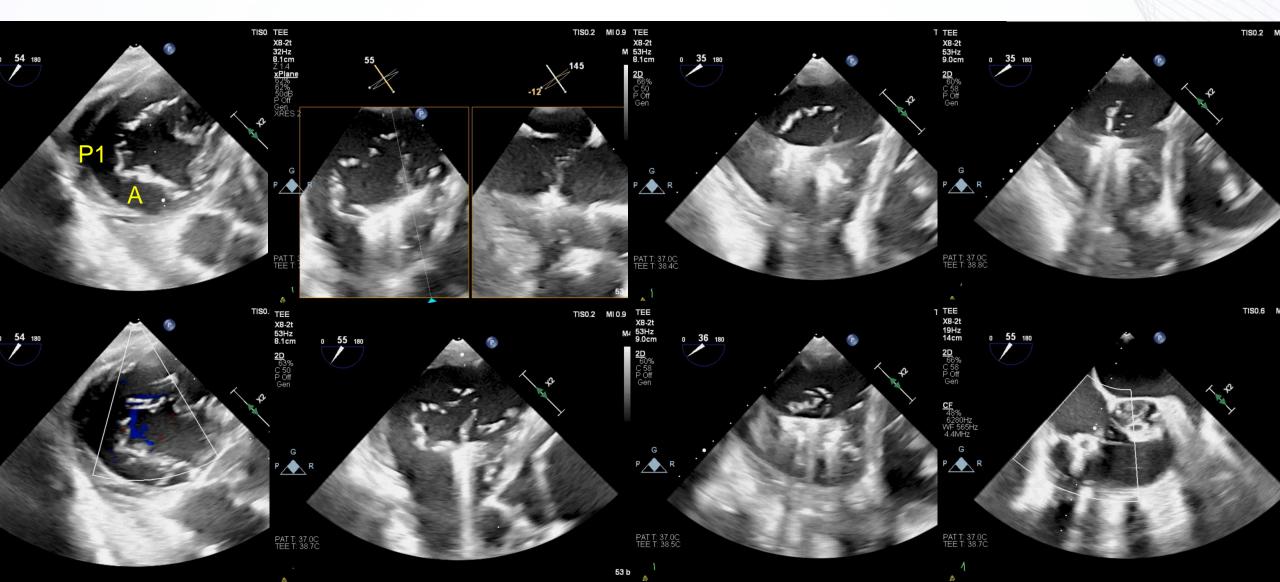
### The essential of trans-gastric view: clipping strategy



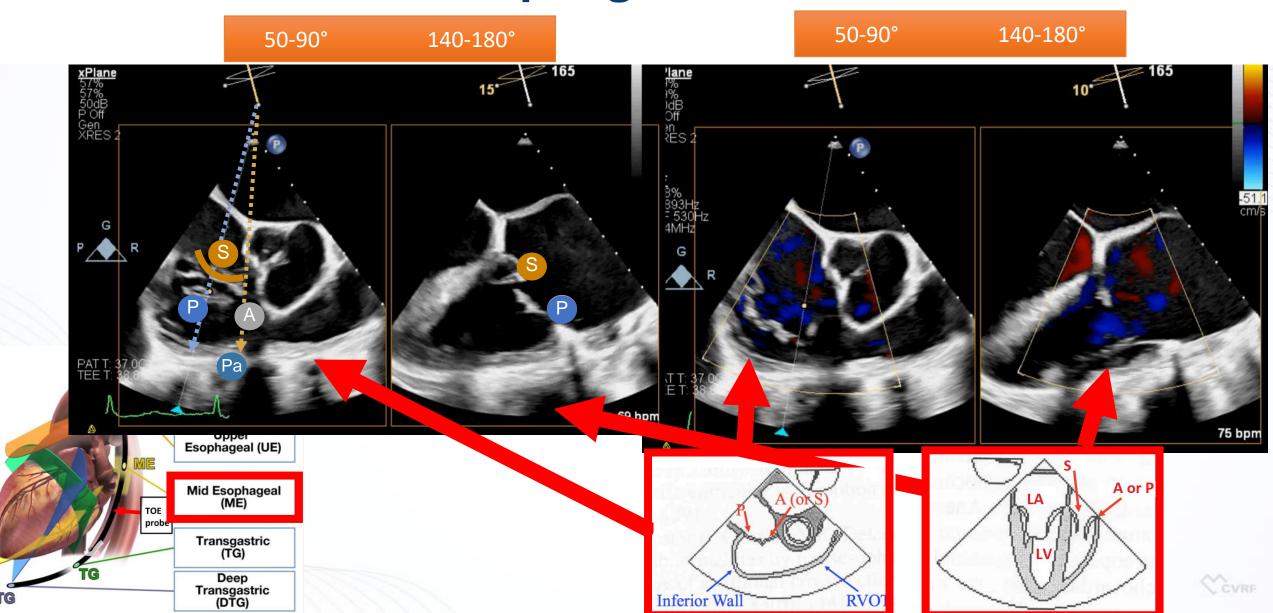
- plan clipping strategy
  - clip numbers
  - clip orientation
- confirm leaflet grasping



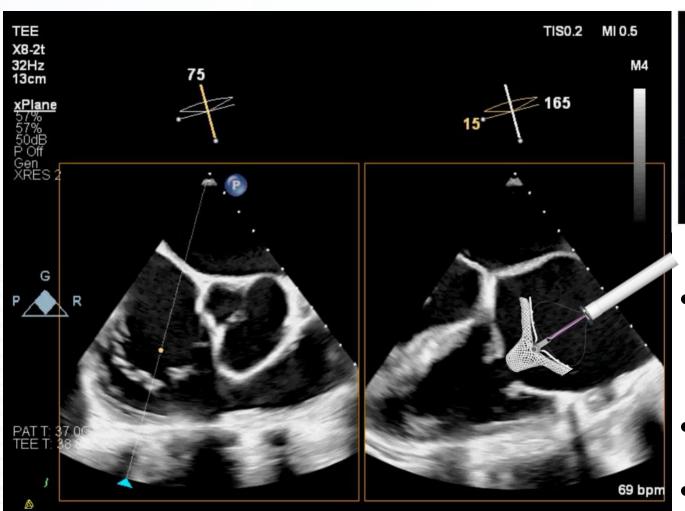
## The essential of trans-gastric view: confirm leaflet grasping, especially in patients with mitral protheses

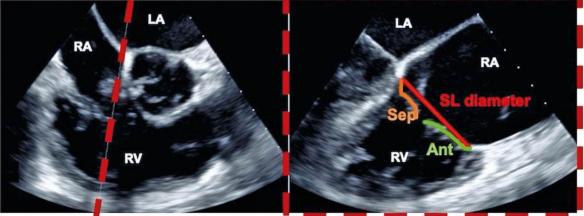


### Trans-esophageal view 50-90°



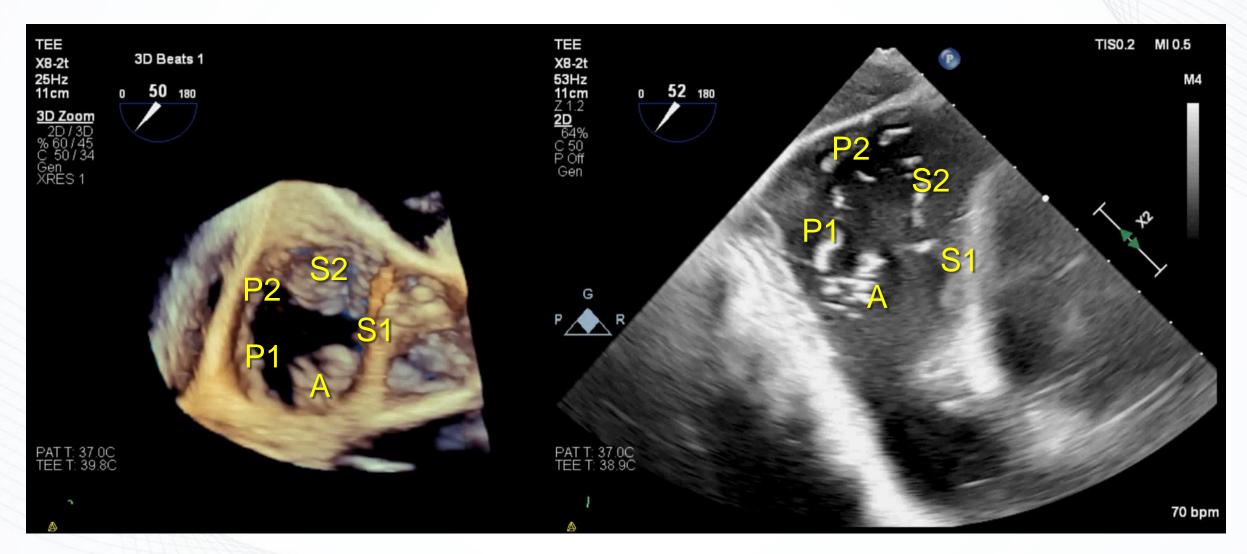
### The essential of mid-esophageal view



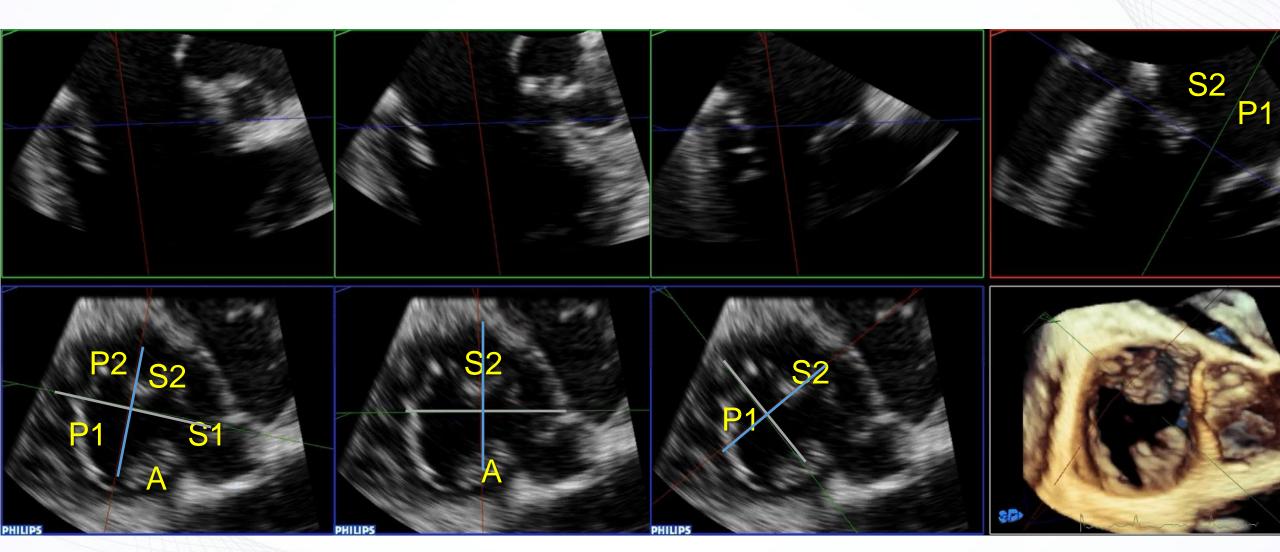


- Etiology of TR
  - Lead-leaflet interaction
- Septolateral gap
- Sepal leaflet mobility

### 3D images vs. En-face view of tricuspid valve



### MPR of 3D images



#### Conclusion

- The trans-gastric view of TV is essential to evaluate leaflet morphology and jet location for the TEER strategy and clip orientation.
- The mid-esophageal views demonstrate the leaflet length and mobility, and the grasping gap to evaluate the feasibility of TEER procedure.
- The multi-views of 3D images are very useful for pre-TEER evaluation.