Mitral Valve Repair With MitraClip : Complications

Ramon Quesada, MD, FACP, FACC, FSCAI

Medical Director, Structural Heart, Complex PCI & Cardiac Research Miami Cardiac & Vascular Institute, Miami, Florida

> Clinical Associate Professor of Medicine, Florida International University Herbert Wertheim School of Medicine



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Othe BAPTIST MEALTH SOUTH FLORIDA	None		

Structural Heart Disease

Increases with Age



> 9.3% for ≥75 year olds (p<.0001)

Nkomo et al. Burden of Valvular Heart Diseases: A Population-based Study, Lancet, 2006; 368: 1005-11



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Transcatheter Mitral Valve Repair

MitraCliptm



24 Fr, transseptal system for leaflet apposition and reduction in MR

>100,000 patients worldwide

Approval in U.S. in October 2013 with 250 current sites



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Acute Procedural Results STS/ACC TVT Registry





Safety at 5 years: High Risk DMR Cohort

Key Measures of Device Safety

Re-Interventions

Key Measures of Device Safety	Through 1 Year	1 Year to 5 Years	Re-Intervention	# (%) of patients	Time to Re- Intervention Post-Index Procedure
Single Leaflet Device Attachment (SLDA)	0 (0.0%)	0 (0.0%)	MV Surgery Post- Index Procedure	4 (3.2%)	2, 26, 56, and 1,100 days
MV stenosis	3 (2.4%)	1 (0.8%)	Second Intervention to Place an Additional MitraClip	3 (2.4%)	2.1, 4.2, and 4.9 years
Device Embolization	0 (0.0%)	0 (0.0%)			



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Primary Safety Endpoint Freedom from Device-related Complications within 12 months



*KM estimate; **Calculated from Z test with Greenwood's method of estimated variance against a pre-specified objective performance goal of 88%



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COAPT vs. MITRA-FR: MitraClip Outcomes

	COAPT (n=302)	MITRA-FR (n=152)
MitraClip attempted	293 (97.0%)	144 (94.7%)
≥1 Clip implanted	287 (95.0%)	138 (90.8%)
Procedural complications	25/293 (8.5%)	21/144 (14.6%)
- Device implant failure	6 (2.0%)	6 (4.2%)
- Transfusion or vasc compl requiring surgery	16 (5.5%)	5 (3.5%)
- ASD	2 (0.7%)	4 (2.8%)
- Cardiogenic shock	1 (0.3%)	4 (2.8%)
- Cardiac embolism/stroke	1 (0.3%)	2 (1.4%)
- Tamponade	1 (0.3%)	2 (1.5%)
- Urgent cardiac surgery	1 (0.3%)	0 (0%)
Acute result: MR ≥3+	5%	9%
12-month result: MR ≥3+	5%	17%

Stone GW et al. NEJM. 2018 Sept 23; Obadia JF et al. NEJM. 2018 Aug 27. doi: 10.1056/NEJMoa1805374



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Acute Procedural Results

	High Risk DMR	STS/ACC TVT Registry	Post-Approval Study
Implant Rate	95.3 %	92.8 %	97.1 %
SLDA	0 %	1.5 %	1.6 %
30-day Mortality	6.3 %	2.7 %	5.0 %
Discharge Home	88 %	85.9 %	NR



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Safety

	High Risk DMR	STS/ACC TVT Registry	Post-Approval Study
Device embolization	0.0 %	0.1 %	0.2 %
SLDA	0.0 %	1.5 %	1.6 %
Other device-related	0.02 %	0.7 %	0.8 %
Stroke	2.4 %	0.4 %	0.8 %
Mitral reintervention	0.01 %	0.7 %	0.6 %



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A Scoring Proposal

Complexity	Anatomy
Simple (Level 1)	P2 prolapse, P2 Prolapse with RCT A2/P2 Prolapse
Complex (Level 2)	Cleft P2 – Multi segment Prolapse
Complex (Level 3)	Commissural Prolapse Annular Calcium Barlow syndrome
Super Complex (Level 4)	Barlow with extremely dilated annulus Leaflet calcification Multi-segment prolapse with clefts Post MV repair, Dynamic MR

From Piedmont Hospital Heart & Valve Center



MitraClip[™] G4: Expanded Clip Size to Tailor MV Repair



See Important Safety Information referenced within. ©2020 Abbott. All rights reserved. MAT-2004633 v2.0 | Item approved for U.S. use only

RECOMMENDATION: NTR-XTR CLIP SIZE SELECTION CONSIDERATIONS

	Anatomical Considerations	Favored XTR	Favored NTR
	Longer leaflet ¹	+	
Leaflet insertion	A2-P2	+	
	Large flail ²	+	
	Redundant leaflet	+	
	Restricted leaflet ³		+
Tissue quality	Calcification of annulus and leaflet ⁴		+
Gradient	Smaller MV area ⁵		+
Cordial entrapment	Mitral valve commissures ⁶		+

Footnotes:

1. NTRclip arm length is maximum 9 mm with ≥ 6mm of leaflet insertion needed for complete frictional element engagement. XTR clip arm length is maximum 12 mm with ≥9 mm of leaflet insertion needed for complete frictional element engagement.

- 2. IFU states flail width <15 mm and flail gap <10mm
- 3. IFU includes treatment of severely restricted posterior leafletas a warning
- 4. IFU includes severe calcification in the grasping area and/or annulusas a warning
- 5. IFU states Mitral valve area $\geq 4.0\,cm^2$
- 6. IFU includes treatment of a primary jet outside of the A2-P2 as a warning



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TEE 11/04/2019: Severe MR





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XTR Perpendicular to Coaptation



XTR Grasping





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3D Assesing Grasp





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Gradients Pre Release: 2 mmHg





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Final Grasp Assessment





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XTR MitraClip : Release





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Final Results 11/4/2019





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TEE 11/6/2019 : Oh No what Happen !!!!





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Worsening MR, patient back in CHF





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Single Leaflet Device Attachment (SLDA)



SLDA Place a second Clip next to it

Asses Clip Position/Interaction



Asses Grasp Stability





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SLDA Repair: Results and 5mmHg gradient





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SLDA Repair : Final Results





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85 y/o M, severe MR and TR, Class III





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MVr Two MitraClips XTR + NTR





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Post MitraClip repair 3D





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Tricuspid Valve Repair with MitraClip





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TV Clip positioning Perpendicular





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Tricuspid MitraClip Grasping attemps.





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Clip Embolization, rare but can Happen





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Grasping one arm of the Clip





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Introduce the Clip Coaxial in the Sheath





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Introduce the Clip Coaxial in the Sheath





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Distal Embolization of Clip Elements





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Don't leave any Piece behind





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75 y/o female severe MR ,CHF Class III/IV, High Surgical Risk, previous extensive extensive vascular and surgical procedures for Pelvic AV malformations. Only Access Trans Septal LEFT FEMORAL VEIN





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Post MitraClip Large Residual Shunt





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24 hours later: sat 90%, BPs 90, HR 110, Otherwise "Stable"





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The question is : Close or Not ?





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Close: Ballon Sizing





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ASO Device Placement





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ASO : Device Placement





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Device Release







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Functional Bicuspid AV





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Post TAVR Cordal SAM





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TAVR

- Successful AVR with self expanding 29 Evolut R and a very calcified functional bicuspid aortic valve. Post procedure gradient was 2 mmHg and no Aortic Insufficiency.
- There is left ventricular obstruction with evidence of systolic anterior motion and a gradient of the left ventricular outflow tract of 40 mmHg.



LVOT Obstruction





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LVOT Obstruction





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NOW WHAT?



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Do nothing?

- Alcohol septal ablation?
- Other?



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LVOT Obstruction SAM





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Septal Hypertrophy 1.3cm





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TEE SAM





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TEE SAM





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Relieve the SAM: MitraClip





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Post Release





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MitraClip post release



Final Result No SAM, No Gradient





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- Mitral Valve Repair with MitraClip is a very Safe Procedure, but Complications may occur.
- Assessing the Complication properly is Key to a Successful Outcome.
- Imaging is Paramount in road mapping your strategy for a successful procedure.
- Adequate leaflet grasping is not always a guarantee of procedural success and long-term outcome since (SLDA) Single Leaflet Device Attachment can occur.
- Mitral Valve anatomy is predictive of the early and late results of the Mitral Valve repair with Mitral Clip.





