



6ème édition

SAMEDI, 2 DECEMBRE 2023
SALONS VARENNE, NOISY-LE-GRAND



Cas clinique valve Mitrale

Pr E. Teiger (Mondor)

Fuite Mitrale

Stratégie de prise en charge

Pr. Emmanuel TEIGER
CHU Henri Mondor, Créteil

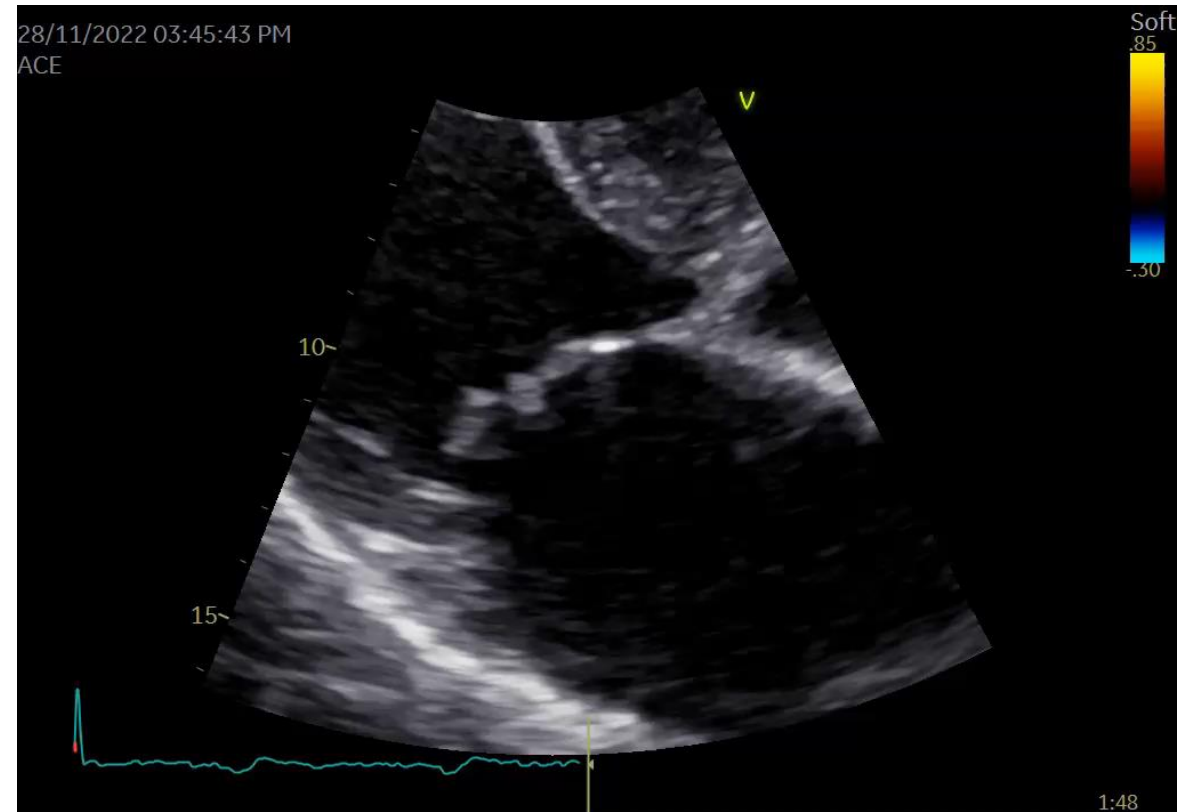
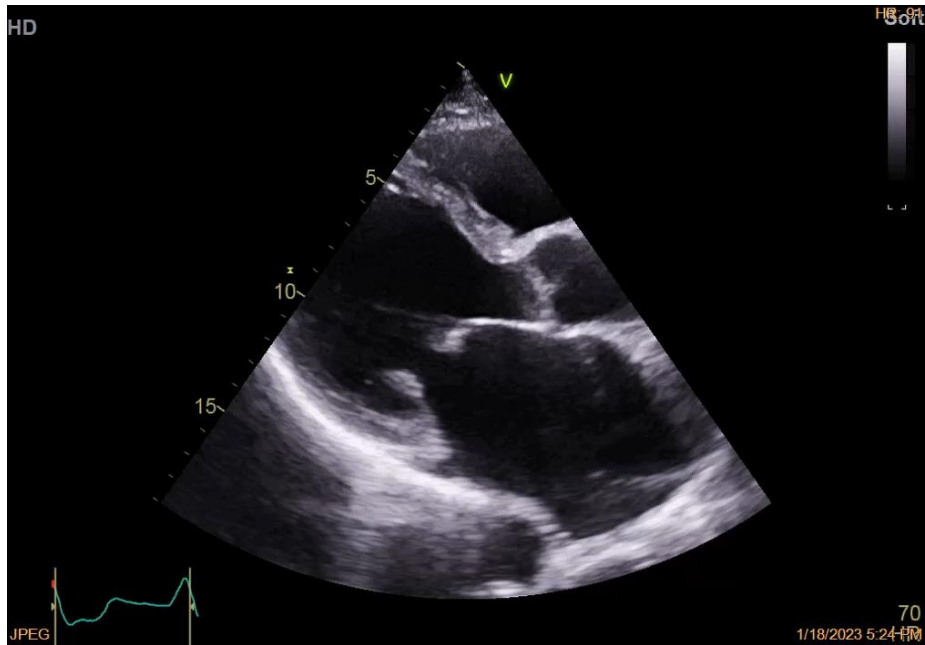


Cas clinique

- 86 ans
- Bon état général / Dyspnée NYHA $\frac{3}{4}$
- Plusieurs épisodes de décompensation cardiaque

ATCD :

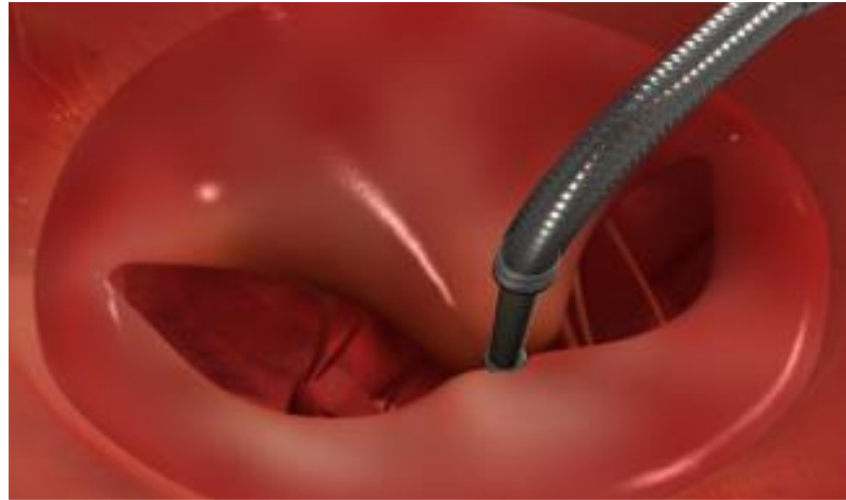
- FA permanente
- PM pour brady FA
- Insuffisance rénale chronique (créatinine de base autour de 200 $\mu\text{mol/L}$)



**ETT : VG dilaté, FEVG 50%,
IM sévère organo-fonctionnelle
sur rupture de cordage en A2 +
dilatation de l'anneau.**

IT importante

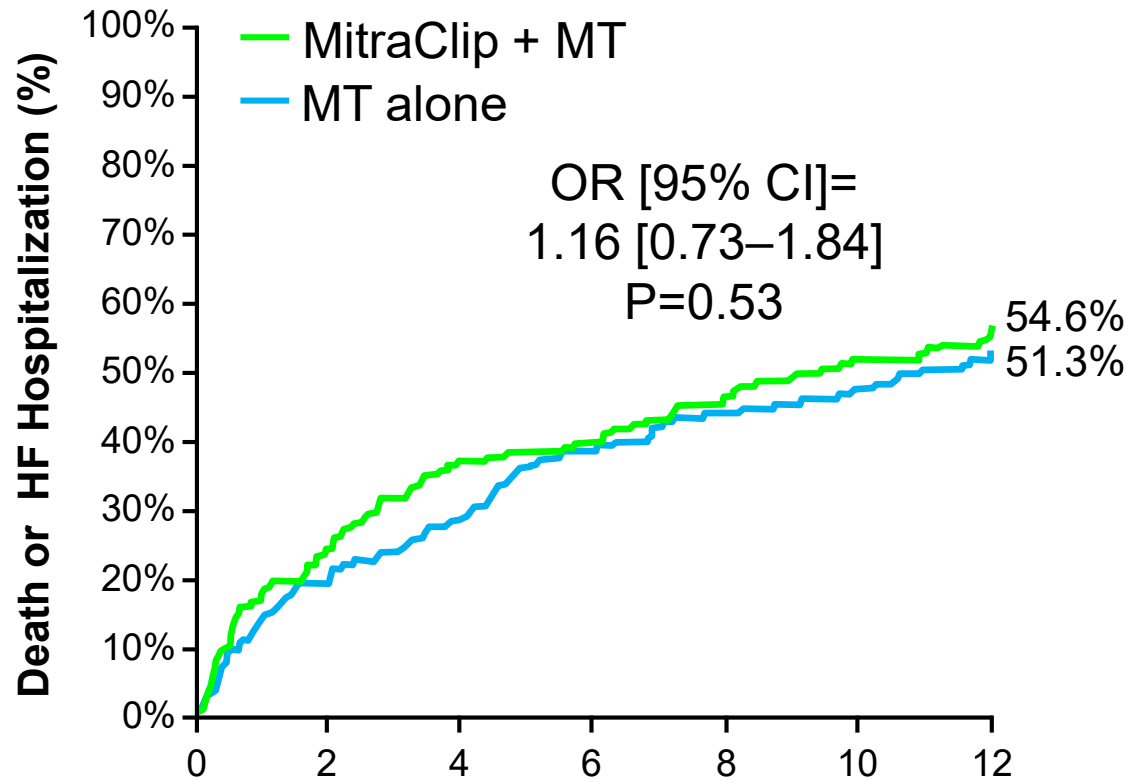
Mitraclip: réparation bord à bord



- Sous radioscopie
- Guidage ETO
- Anesthésie générale

IM secondaire: COAPT vs. MITRA-FR

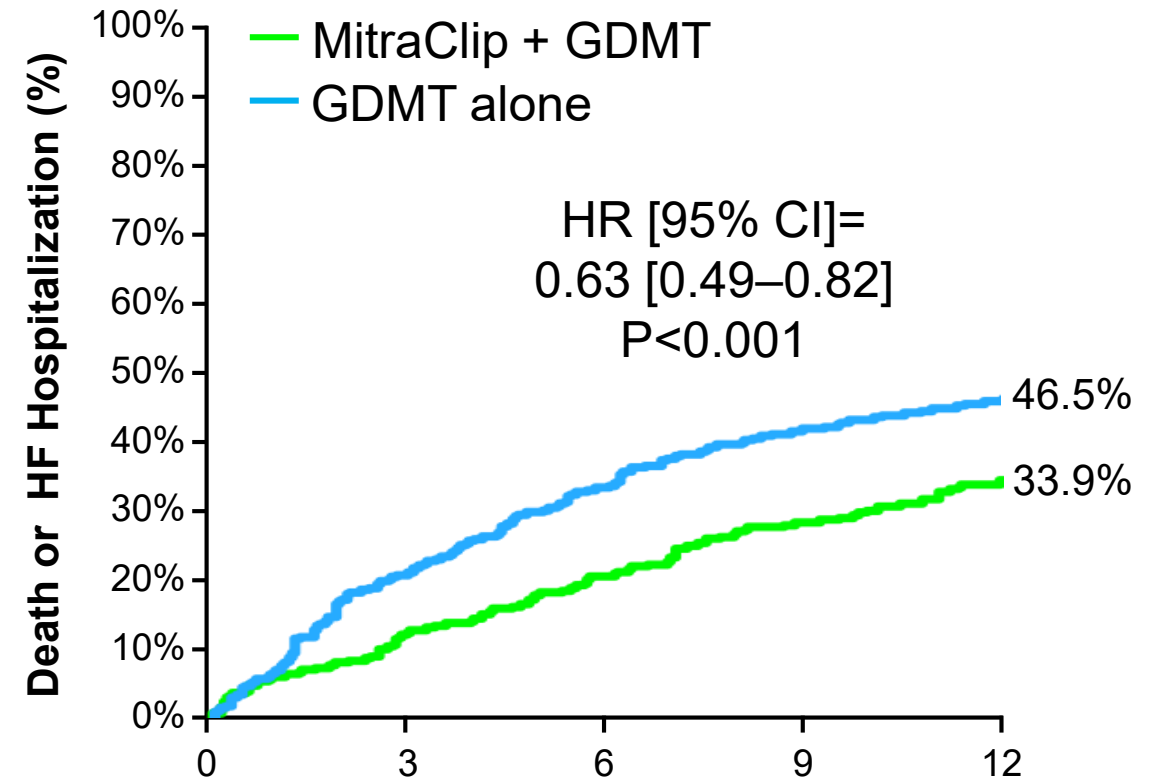
MITRA-FR



No. at Risk:

Control Group	152	123	109	94	86	80	73
Device Group	151	114	95	91	81	73	67

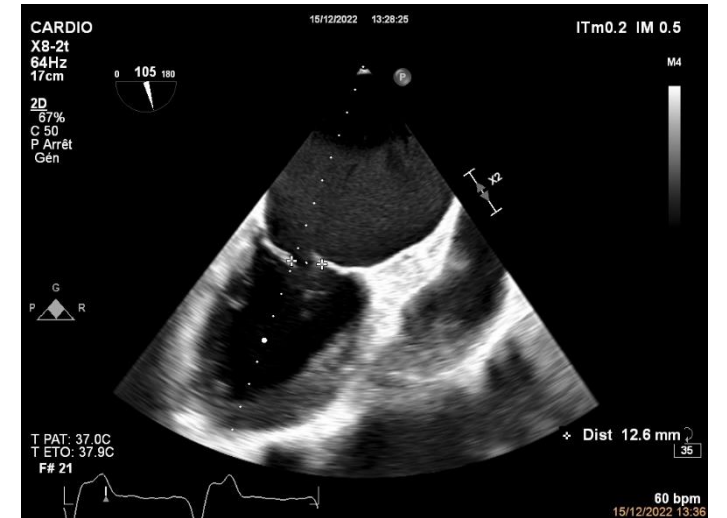
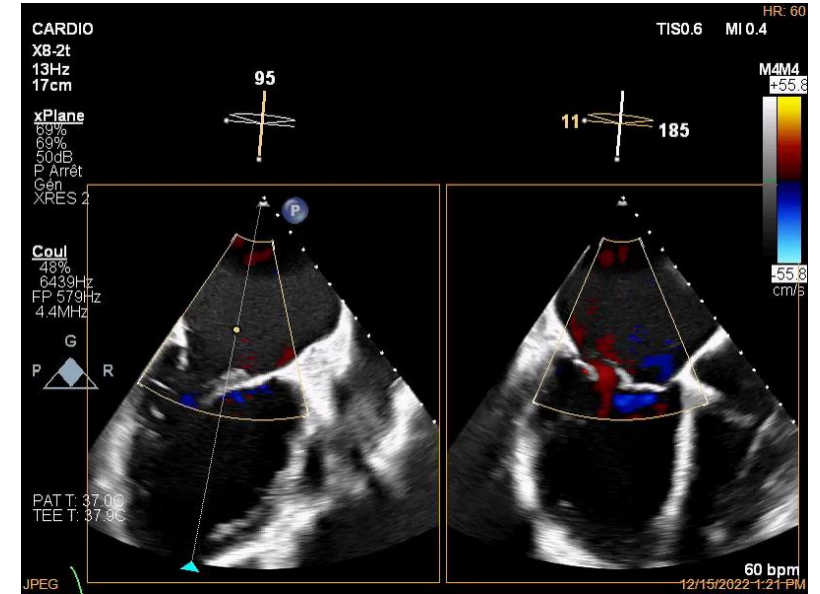
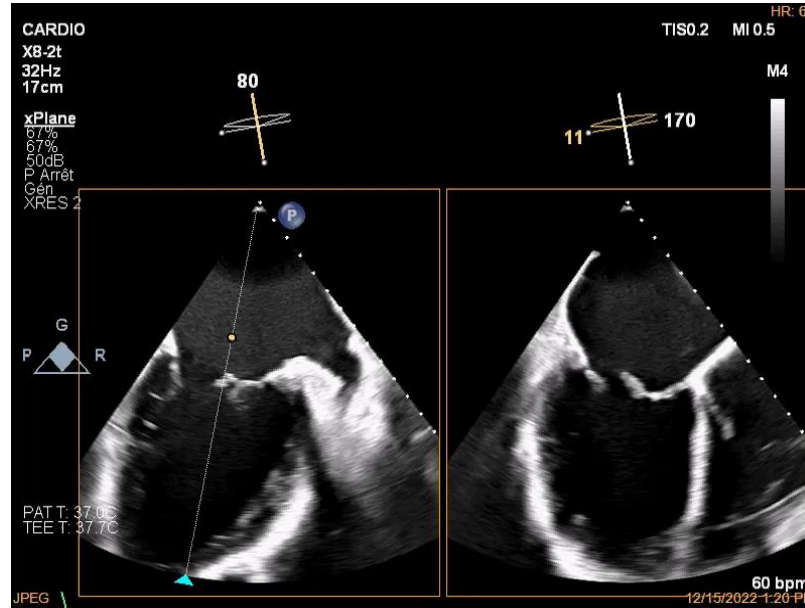
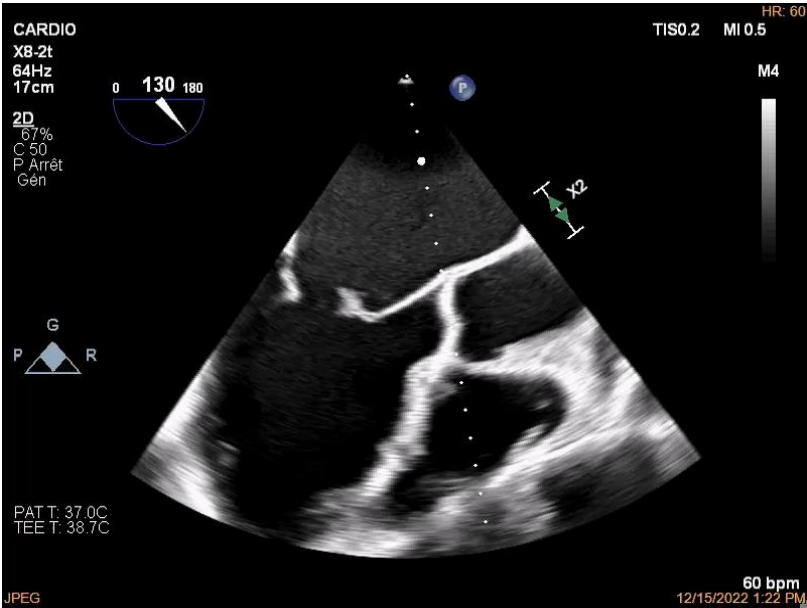
COAPT



No. at Risk:

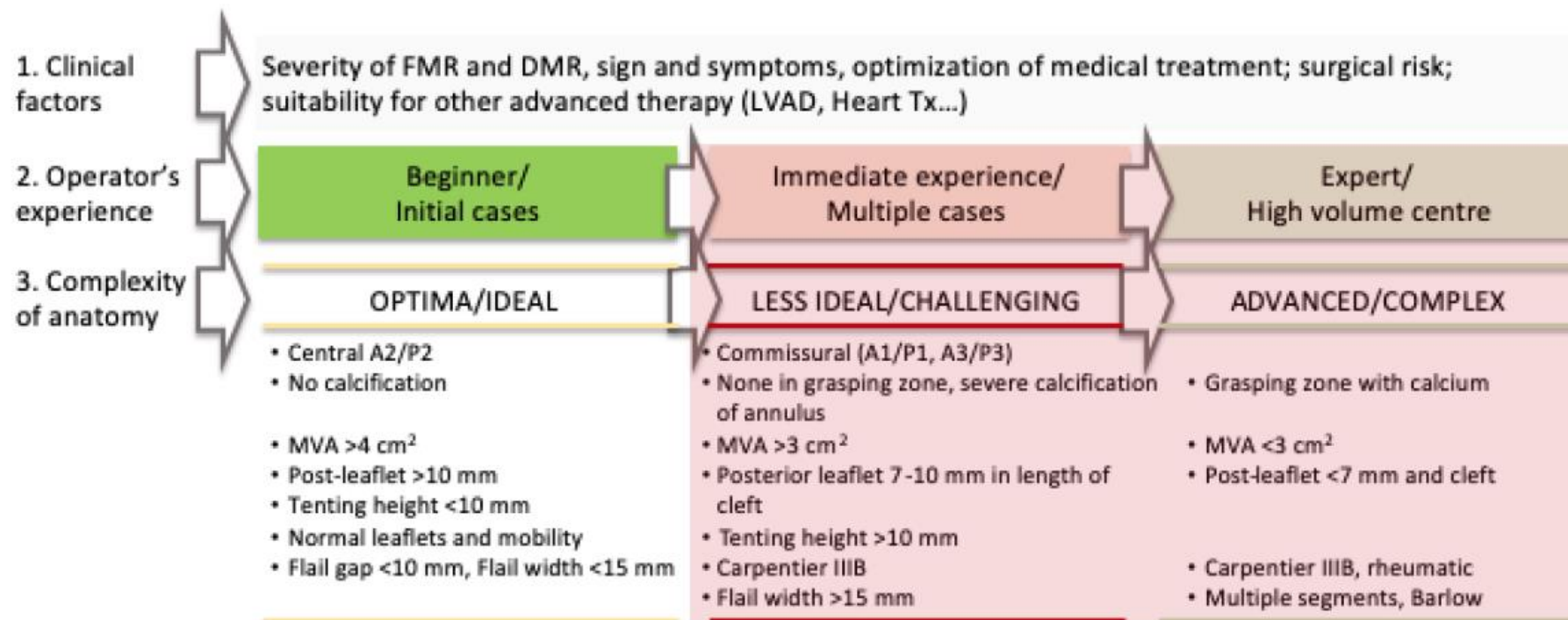
Control Group	312	244	205	174	153
Device Group	302	264	238	215	194

ETO initiale: IM organo fonctionnelle massive avec prolapsus de A2 vers A3.



Patient Selection

Anatomical Suitability for TEER

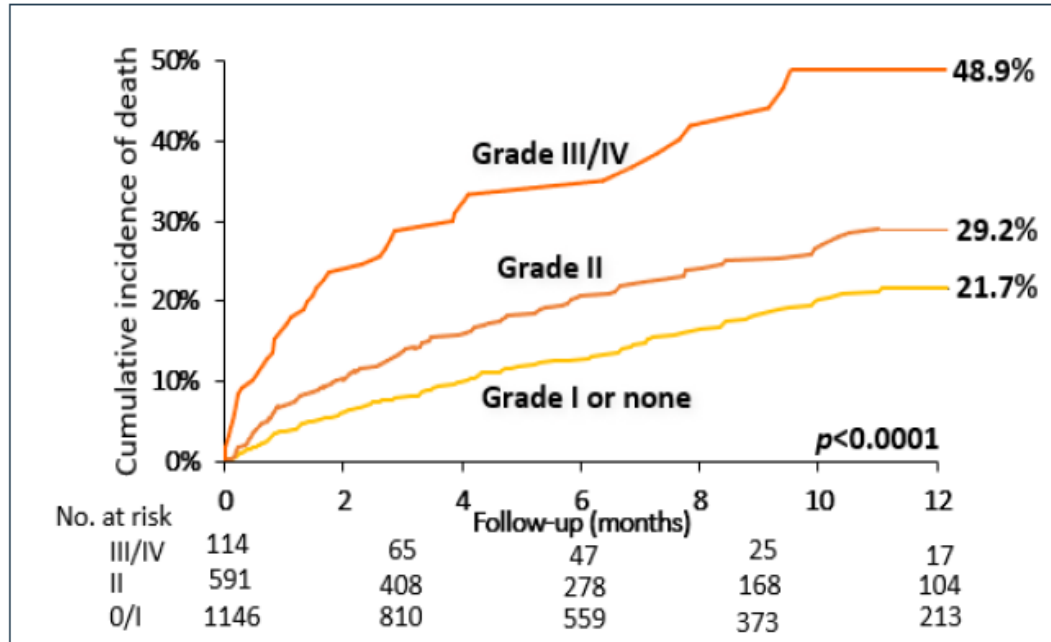


Reproduced from Gavazzoni et al., Eur Heart J Cardiovasc Imaging (2020). DOI: 10.1093/ehjci/jeaa062.

Residual MR is Associated with Increased Risk of Mortality and Heart Failure Hospitalization

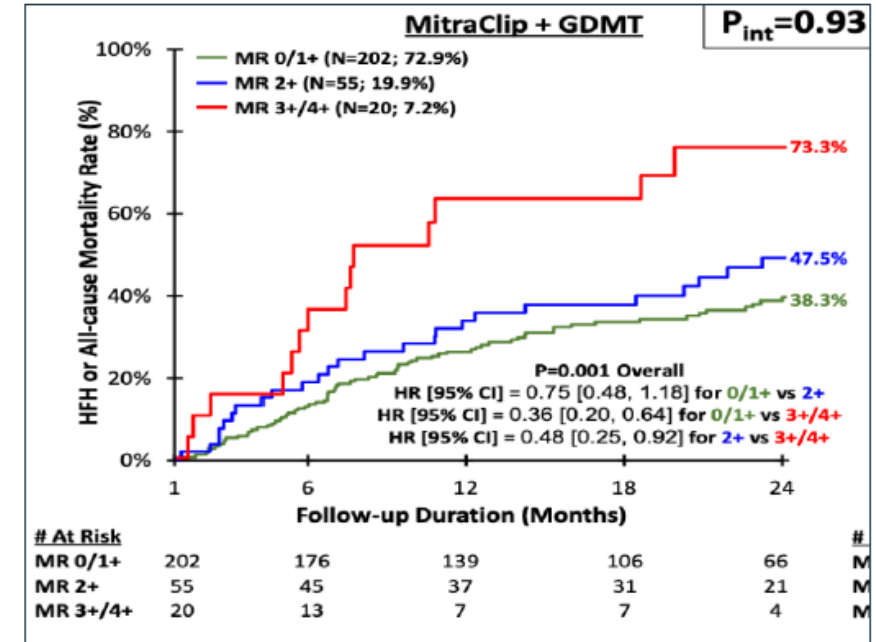
Primary MR

STS / ACC TVT Registry (US)¹



Secondary MR

COAPT Clinical Trial (Device Arm)²

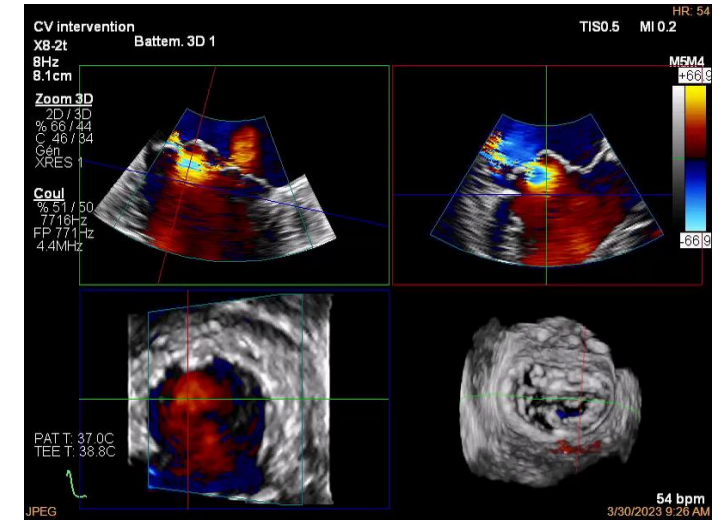


¹Sorajja et al. J Am Coll Cardiol. 2017; 70(19):2315-27

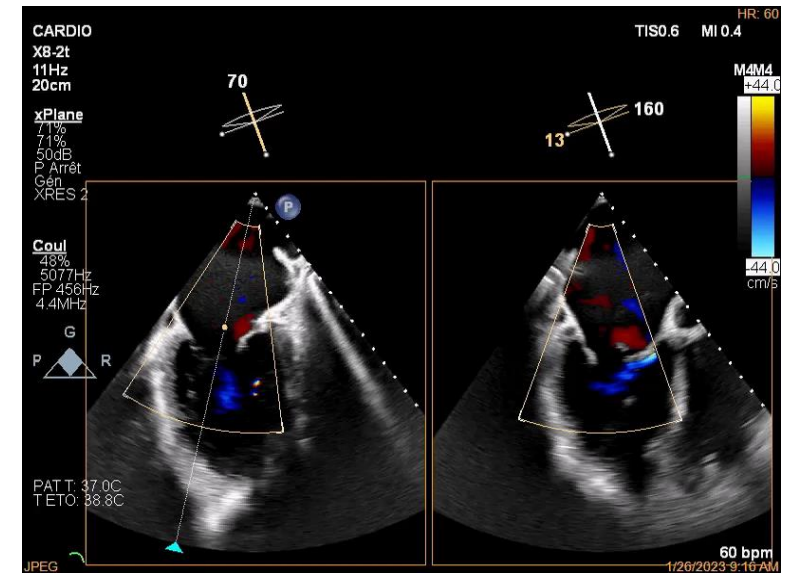
²Presented by Saibal Kar, Relationship between Residual Mitral Regurgitation and Clinical and Functional Outcomes in the COAPT Trial, EuroPCR 2019

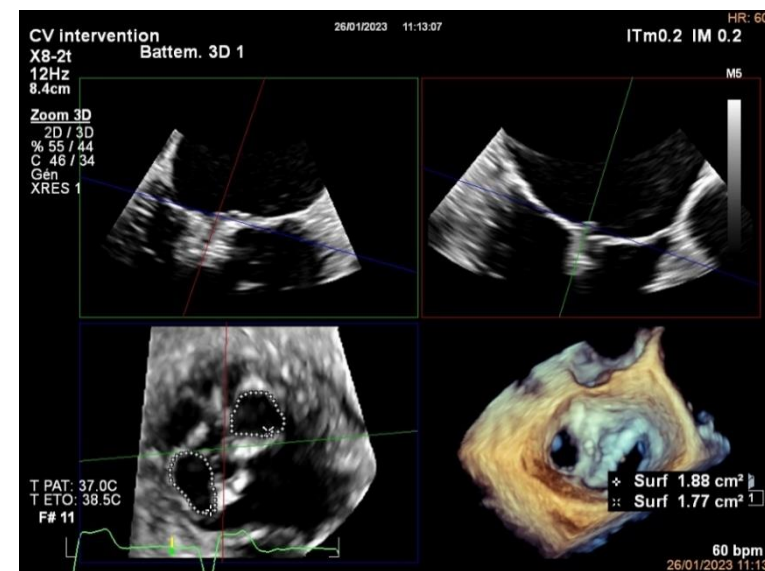
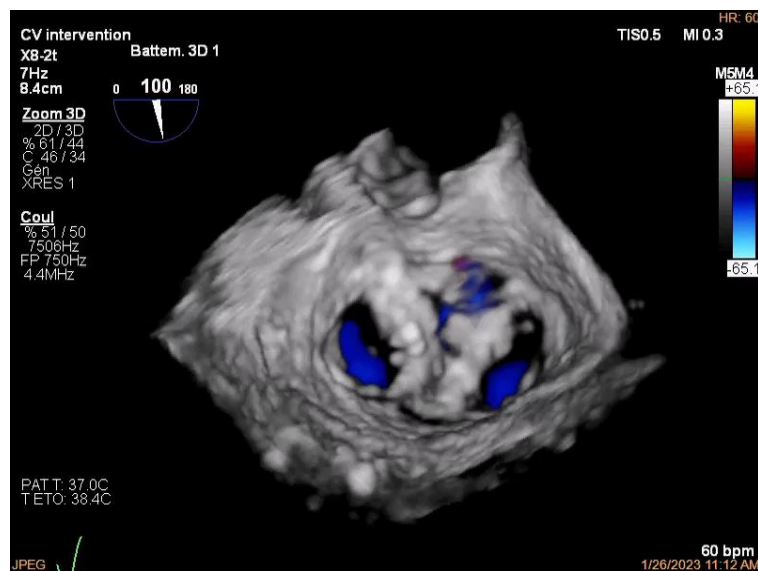
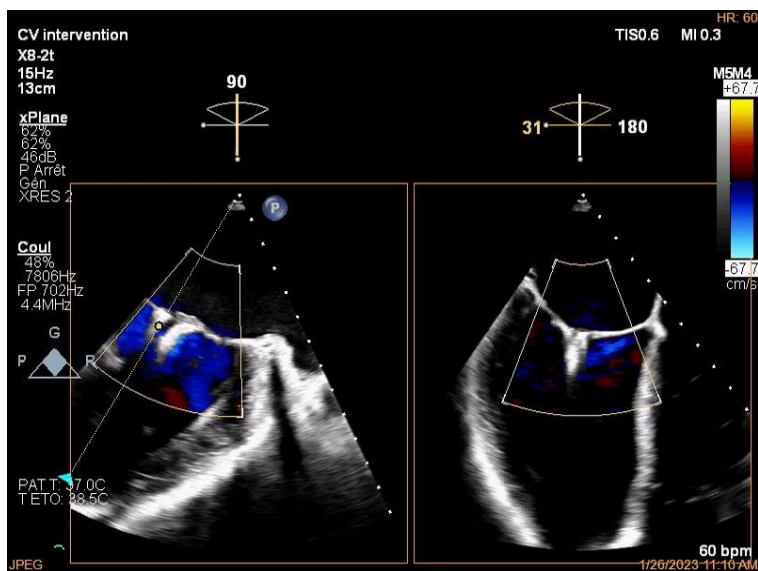
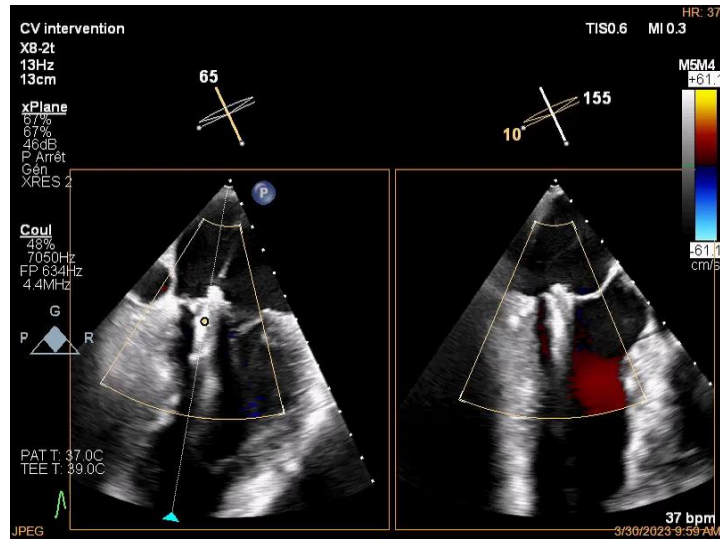
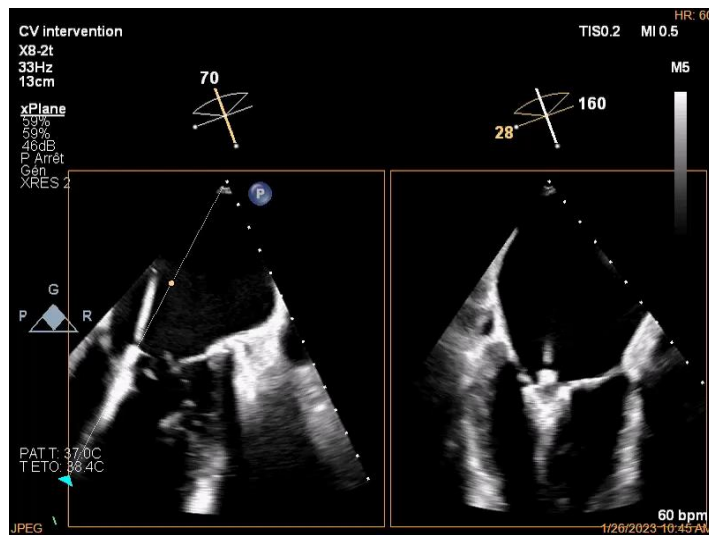
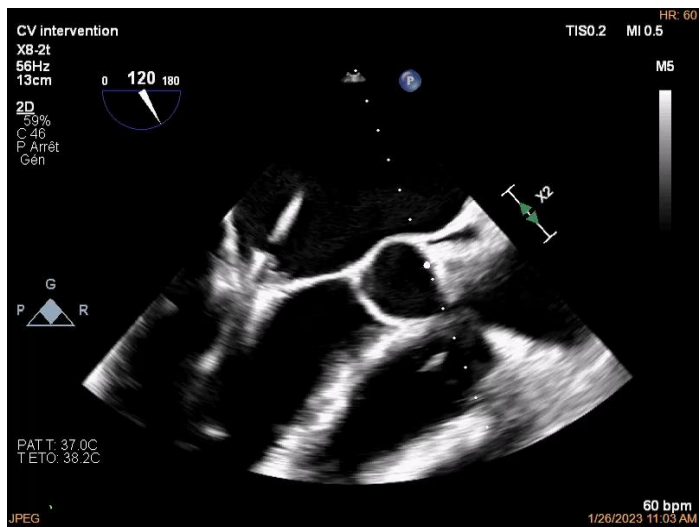
- ETO : IM organo fonctionnelle massive avec prolapsus de A2 vers A3.
Décision de ne pas réaliser de mitra clip.
- Dépletion hydrosodée intensive

ETO 2 per mitraclip



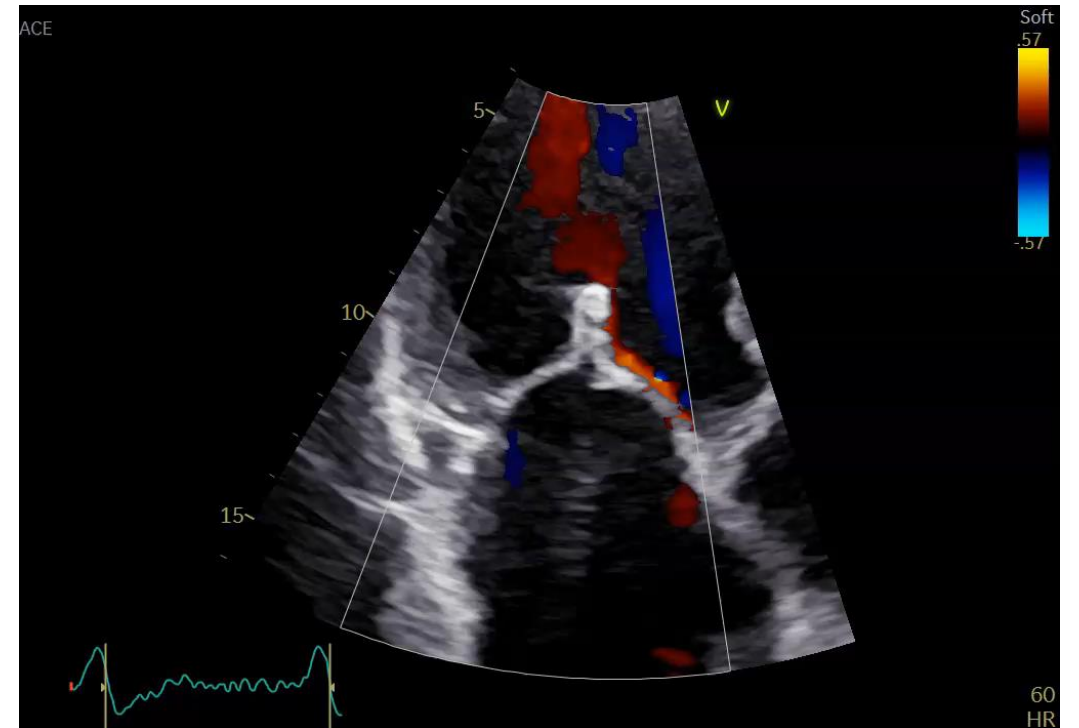
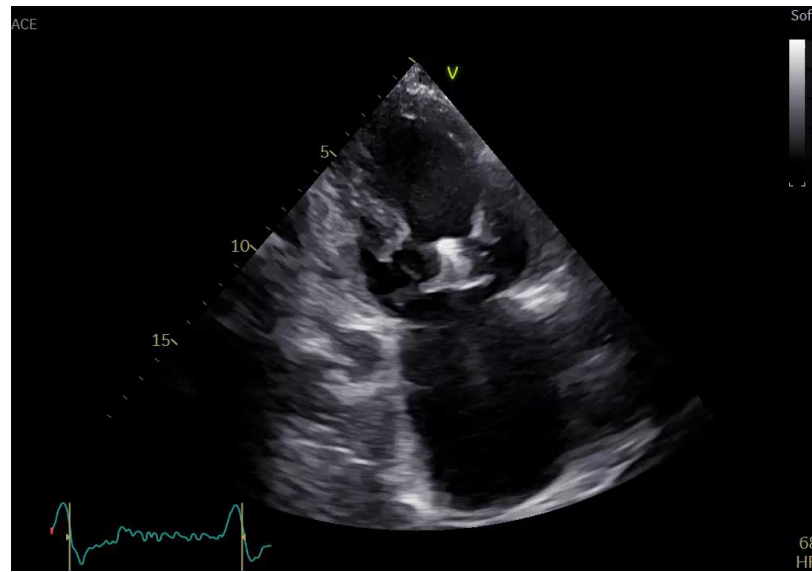
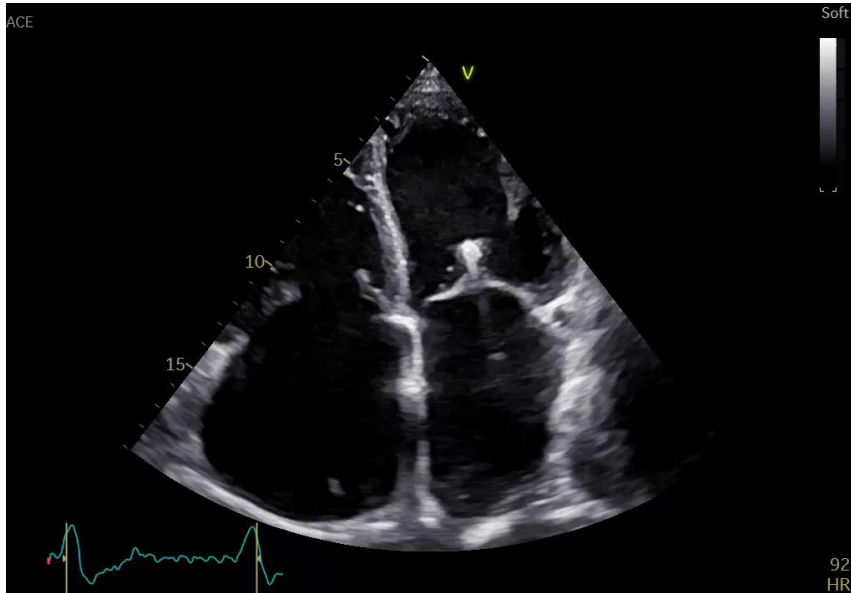
- Franche amélioration du GAP de coaptation
- Prolapsus A2 vers A3 et P3





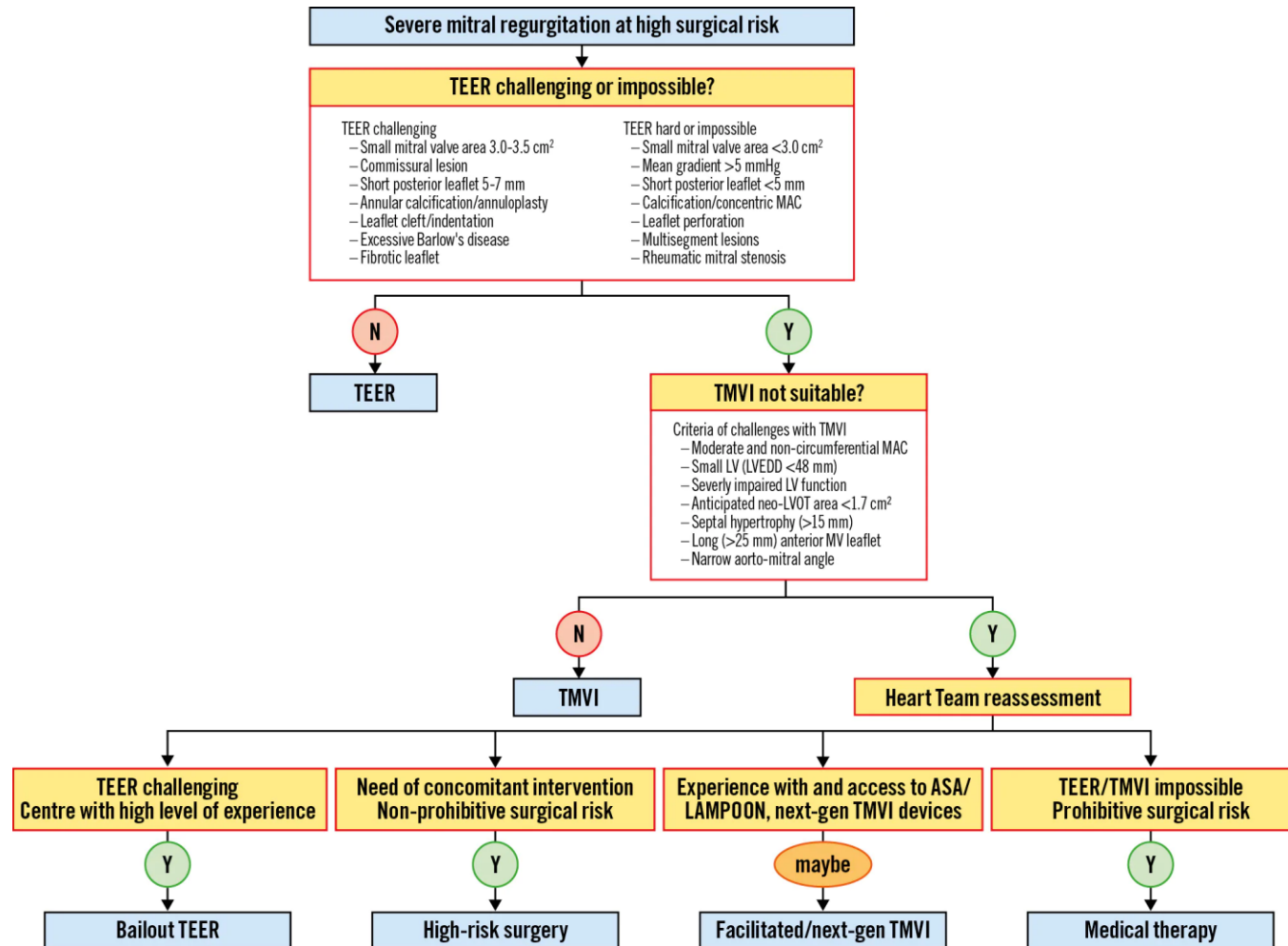
- Mise en place de deux clips (le premier sur A3 et le deuxième plus central)
- Fuite résiduelle modérée

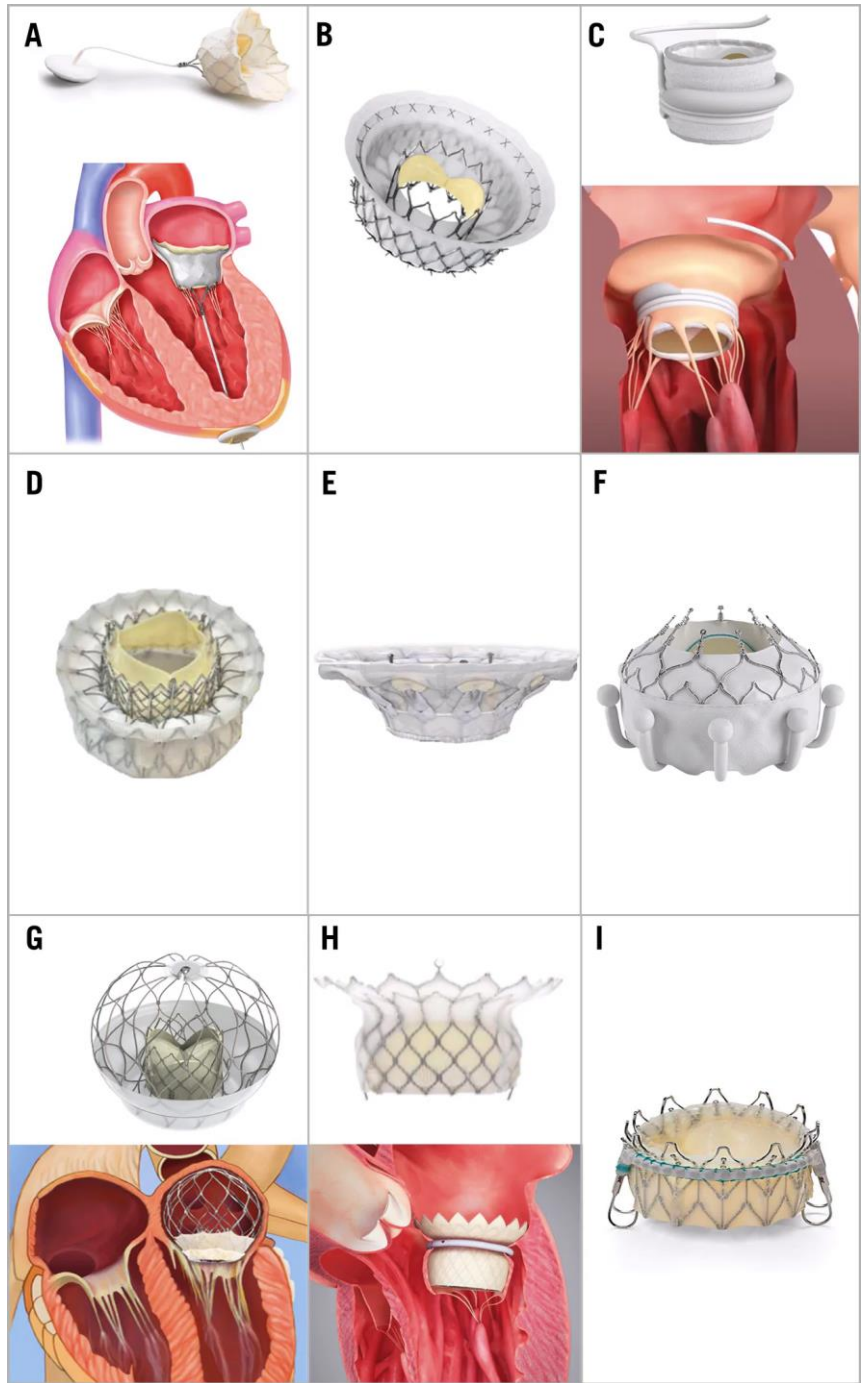
ETT post

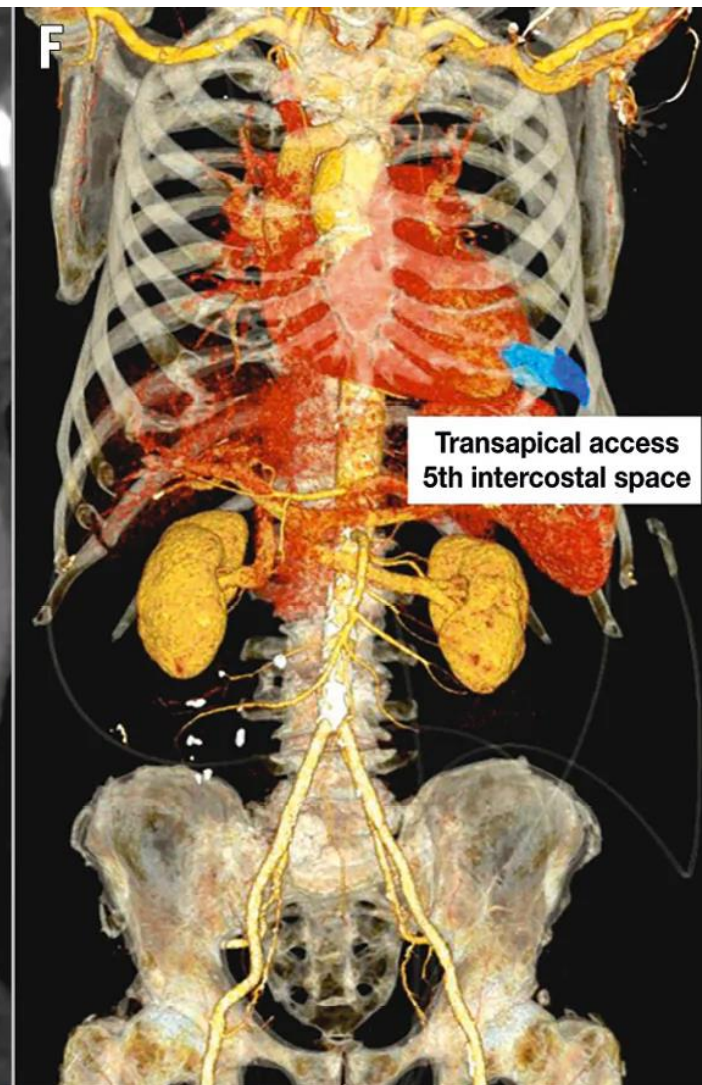
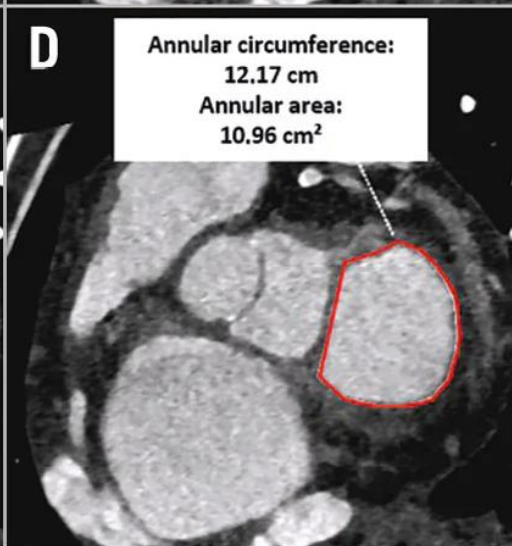
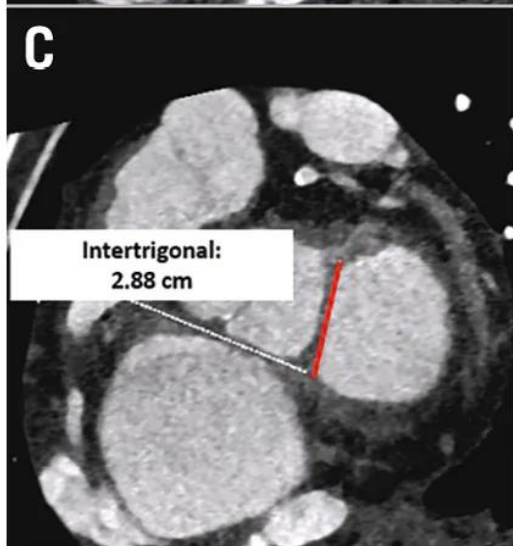
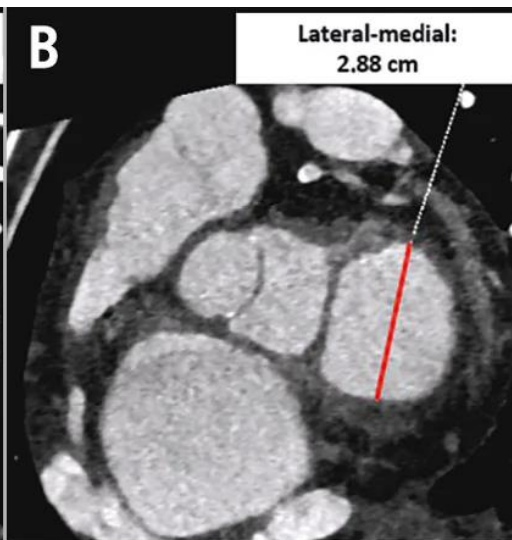
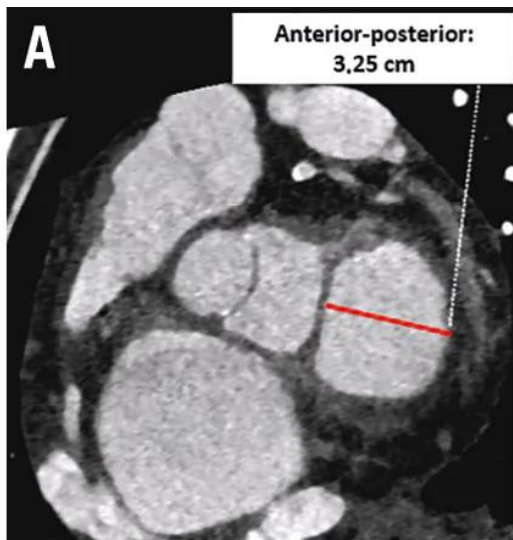


Amélioration de la dyspnée
Pas de réhospitalisation depuis janvier 2023

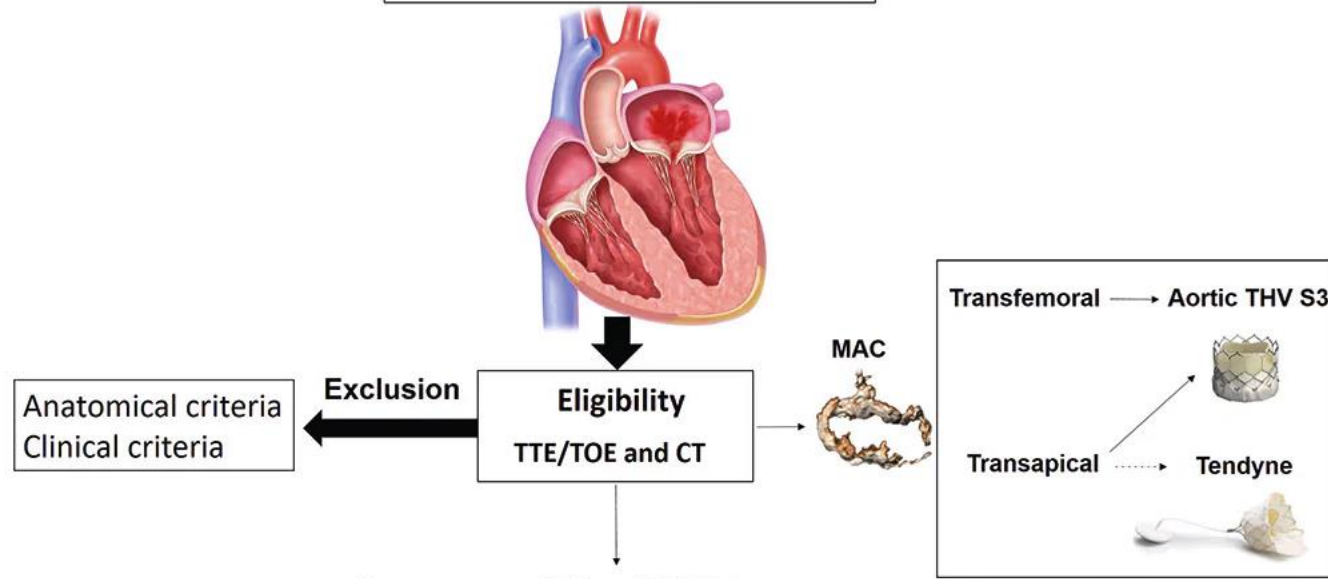
Quelles alternatives au Mitraclip ?



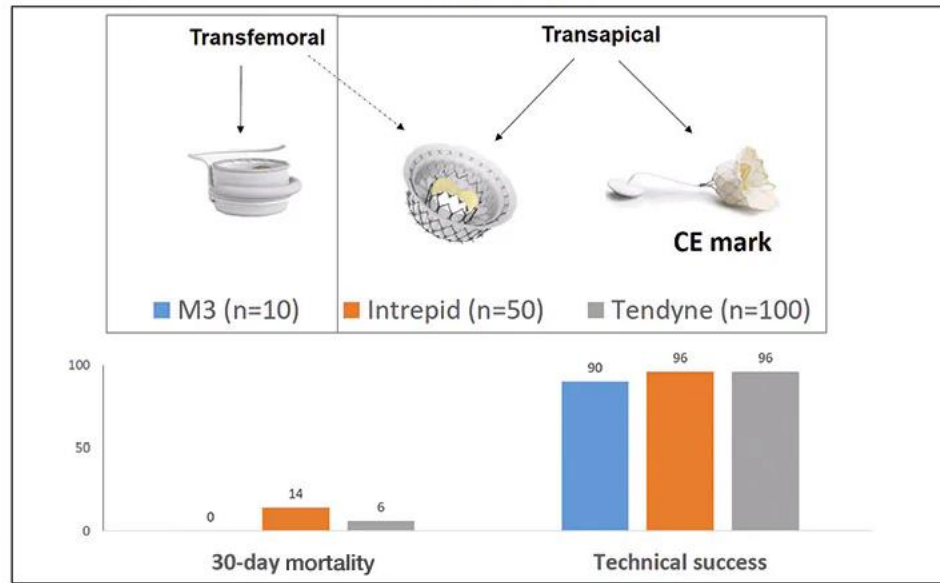




TMVI for native valves

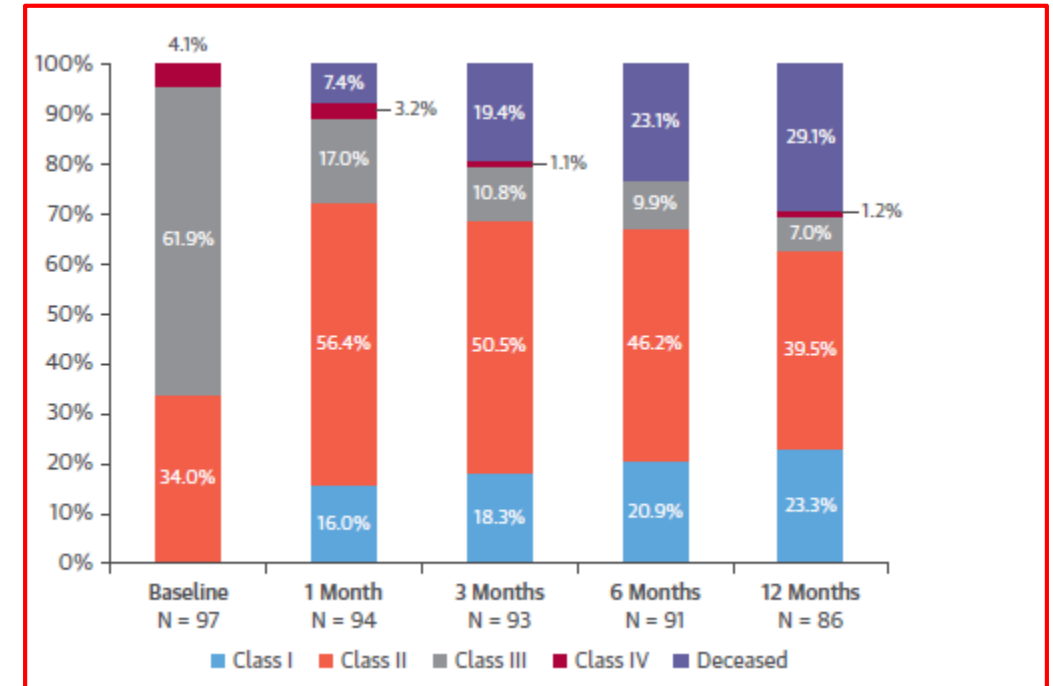
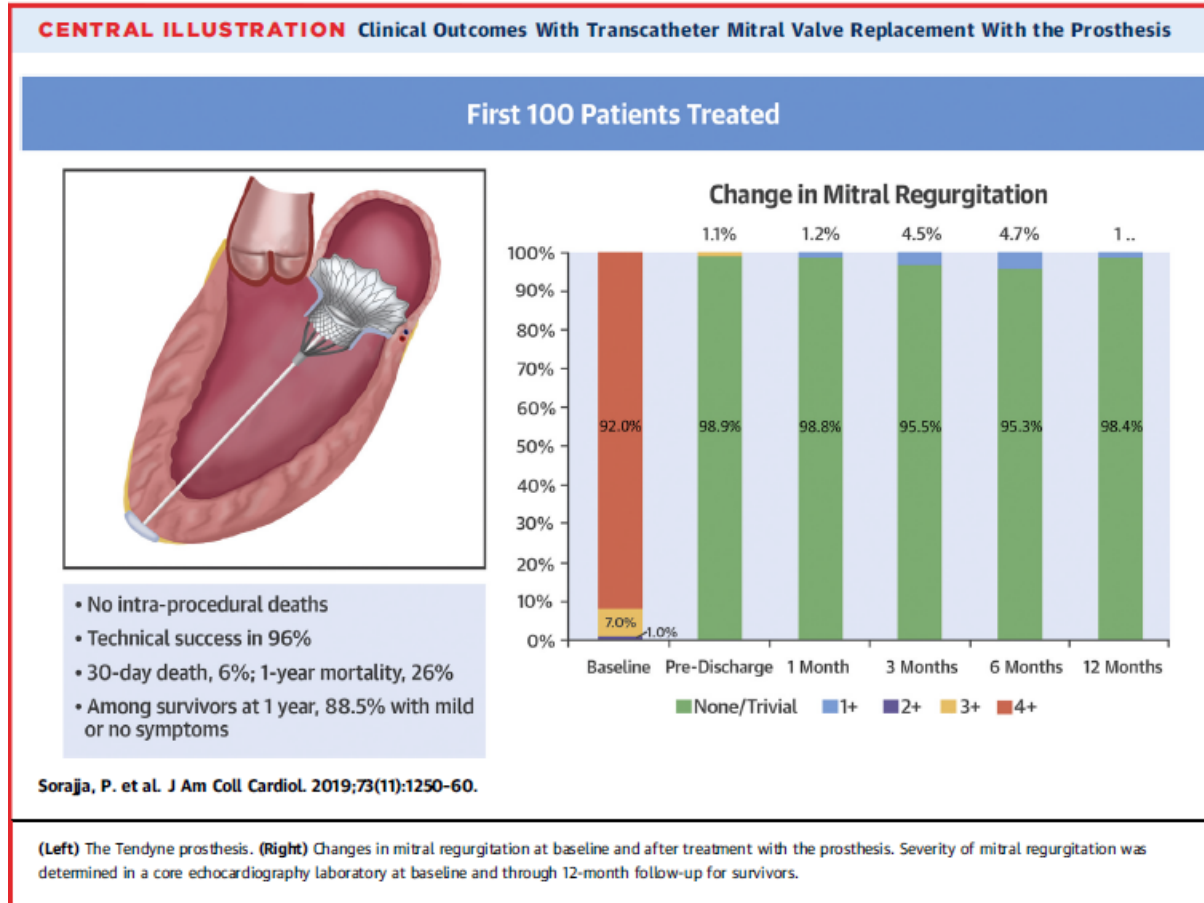


Investigational → Mitral THV



Pivotal trials

Remplacement: Tendyne



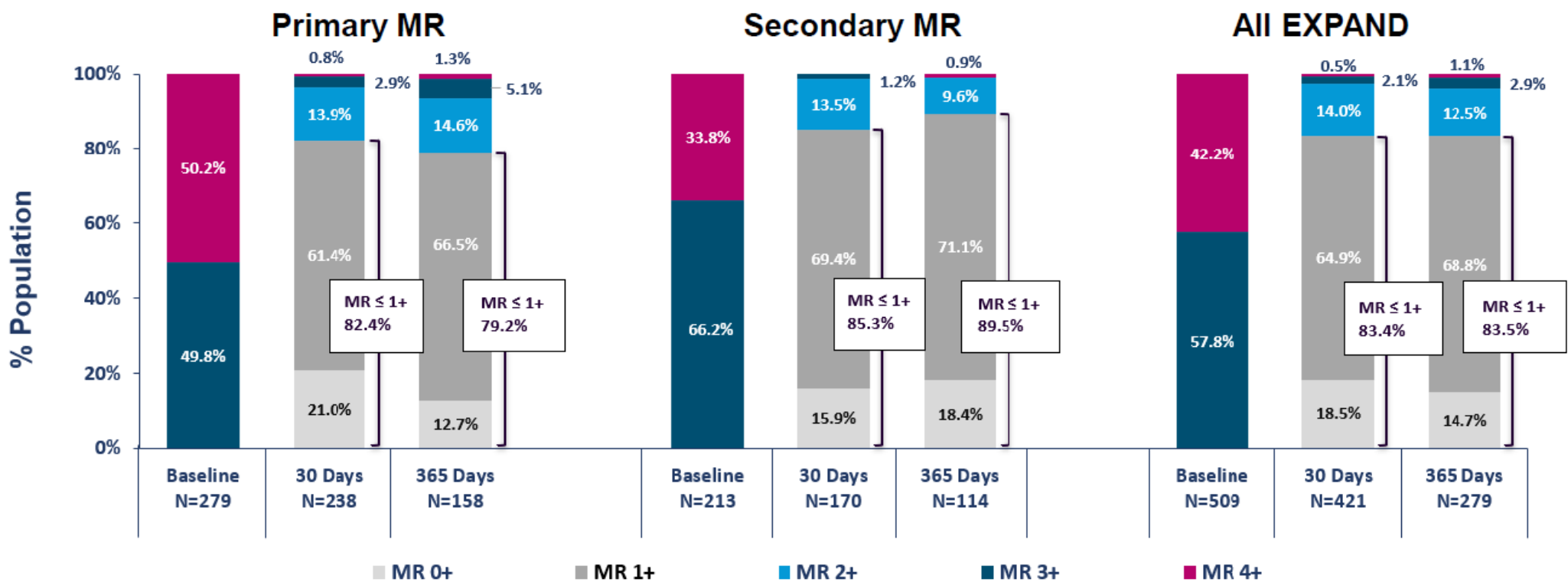
Tendyne: 100 cas Transapical



HIGHEST MR REDUCTION ACHIEVED WITH TMVr*

83.5% MR ≤ 1+ AT 1 YEAR IN SUBJECTS WITH BASELINE MR ≥ 3+

ECL Adjudicated MR Severity by Etiology



TRANSFEMORAL APOLLO

Expanding Patient Access with a Less Invasive Therapy



Intrepid Transfemoral System APOLLO Launch

>50% Sites Trained, Training Complete by June

APOLLO Study

Assessment by Multidisciplinary Heart Team

Approved transcatheter repair or surgical mitral valve interventions may be unsuitable therapies

MR Cohort
(Primary or Secondary MR)
N=250-550

Roll-in subjects

MAC Cohort
N = up to 300 max.



35 Fr Intrepid Transfemoral System



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CONCLUSION

- Les outils disponibles pour le traitement de la Mitrale sont en plein développement
- Nécessité de prise en charge dans des centres d'expertise
- Le Mitraclip dans les bonnes formes donne de bons résultats
- Les formes plus complexes doivent donner lieu à des analyses fines
- Les valves percutanées utilisables par voie transfémorale arrivent
- Les études d'évaluation des différentes stratégies sont en cours