



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

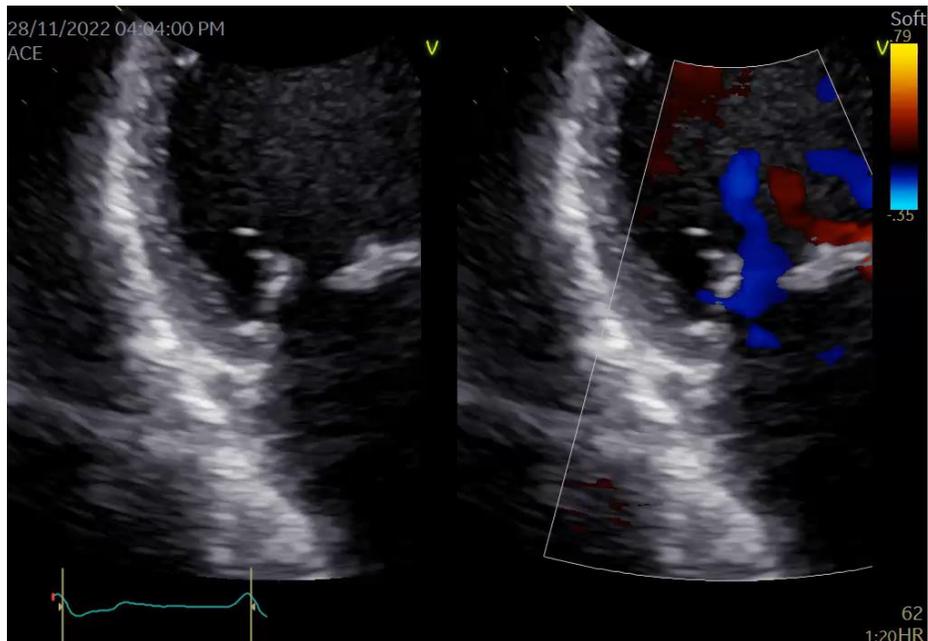
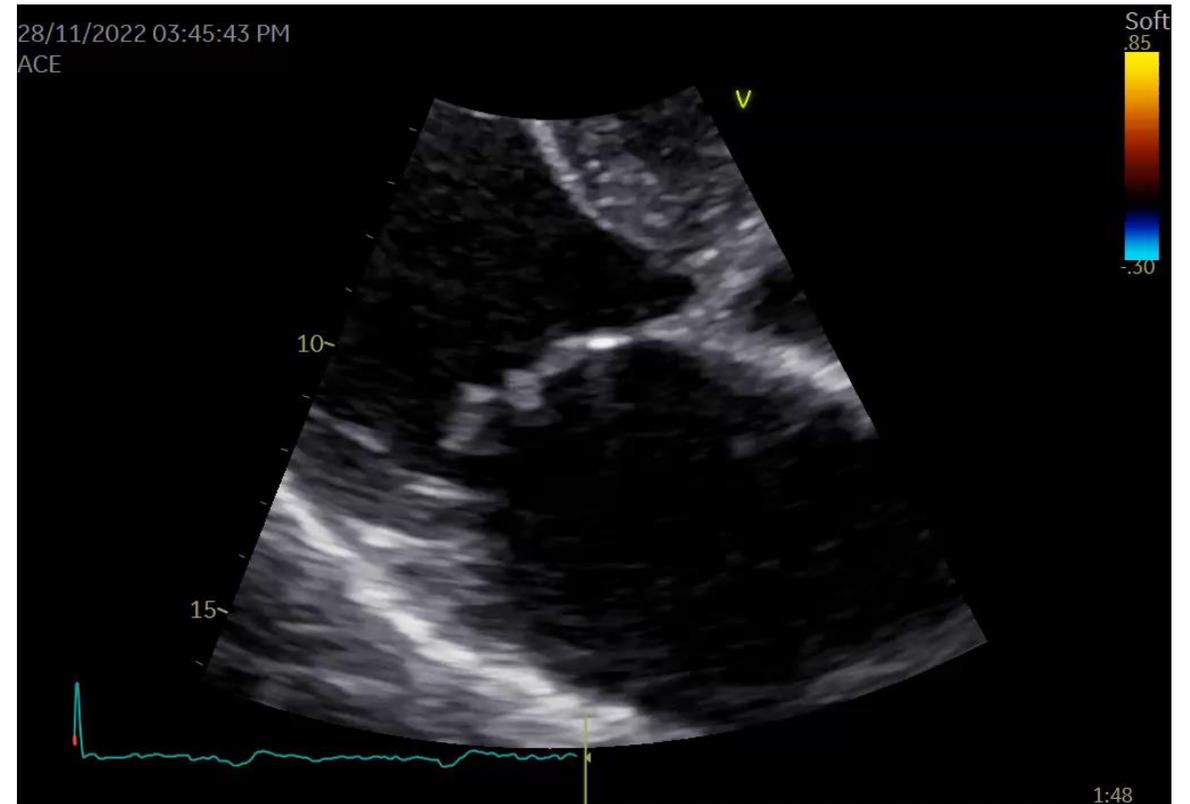
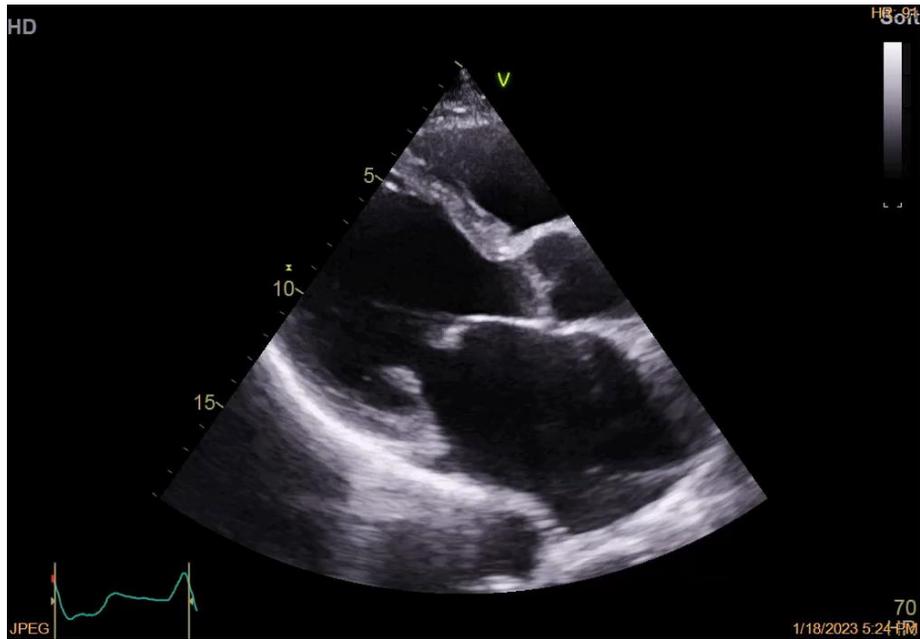


# Cas clinique

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

ATCD :

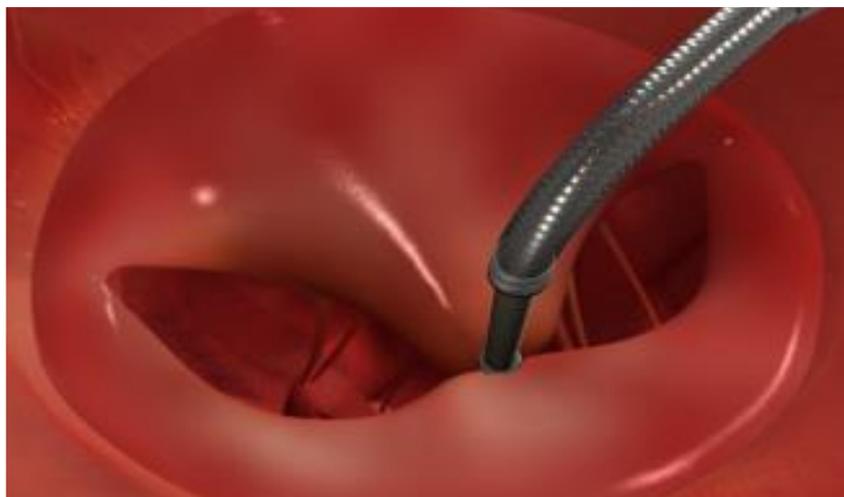
- FA permanente
- PM pour brady FA
- Insuffisance rénale chronique (créatinine de base autour de 200  $\mu\text{mol/L}$ )



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

**IT importante**

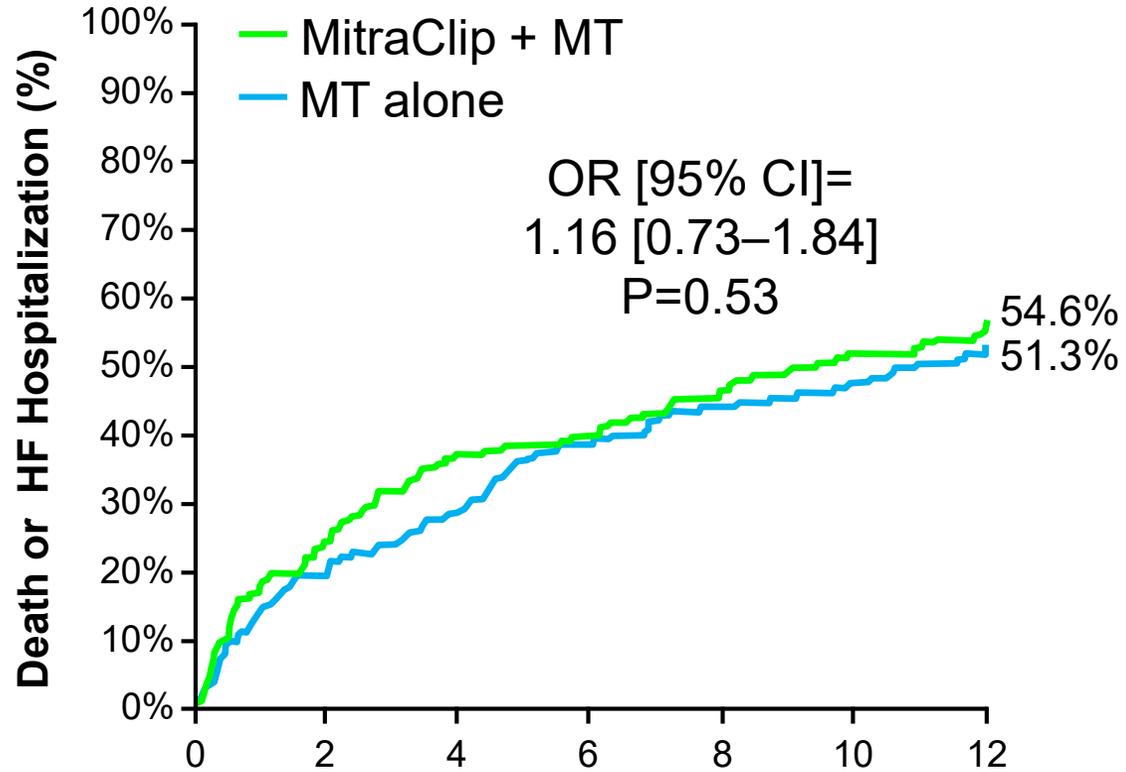
# Mitraclip: réparation bord à bord



- Sous radioscopie
- Guidage ETO
- Anesthésie générale

# IM secondaire: COAPT vs. MITRA-FR

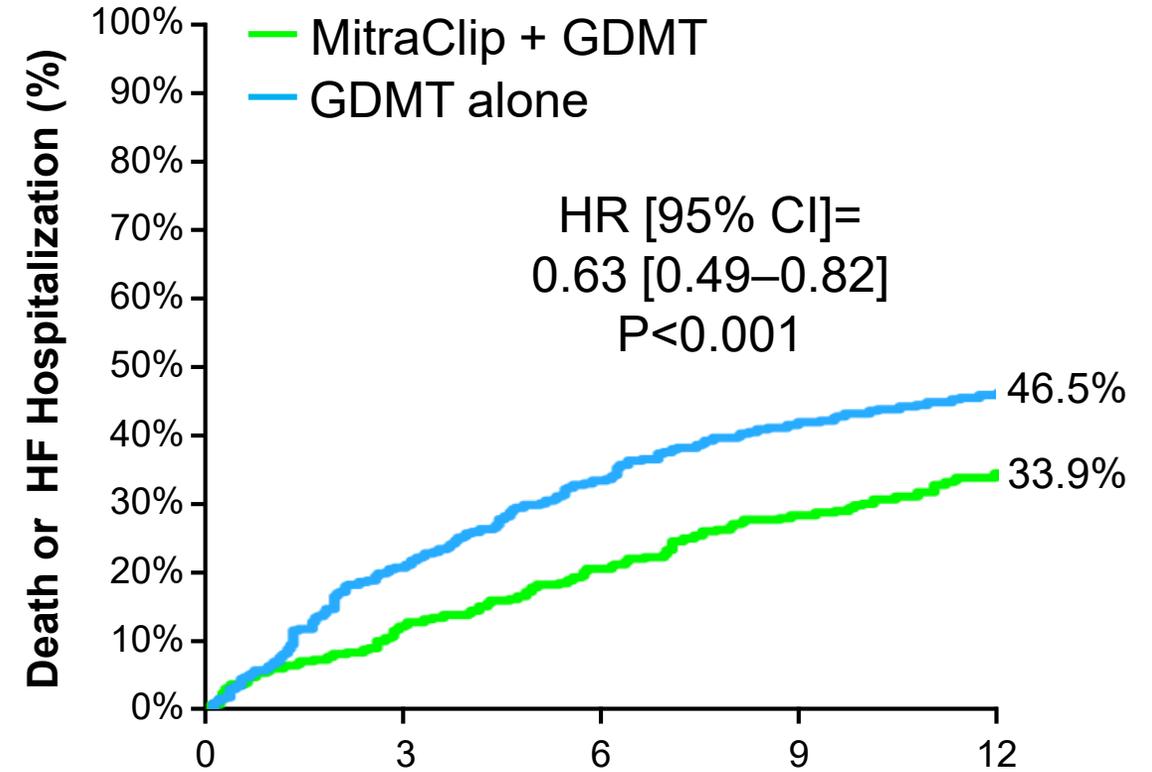
## MITRA-FR



No. at Risk:

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

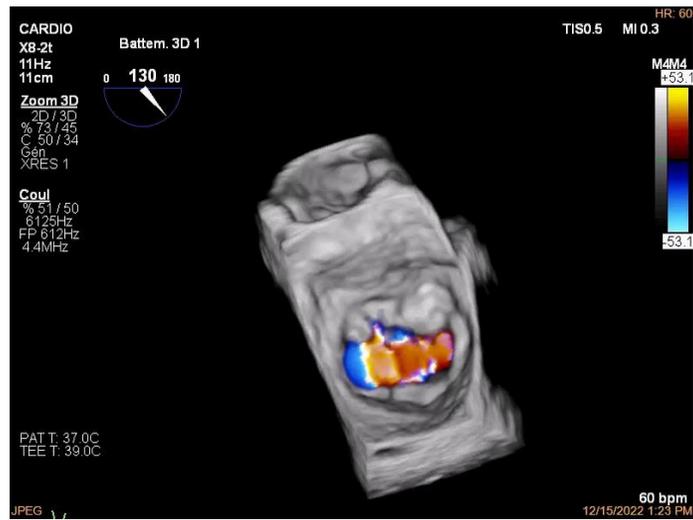
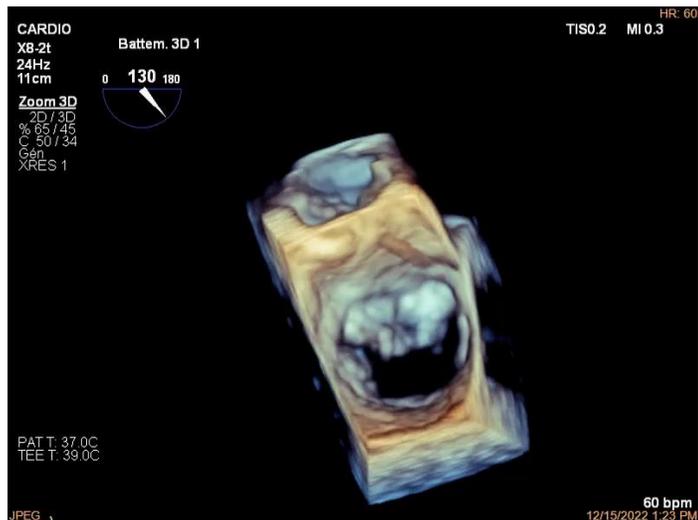
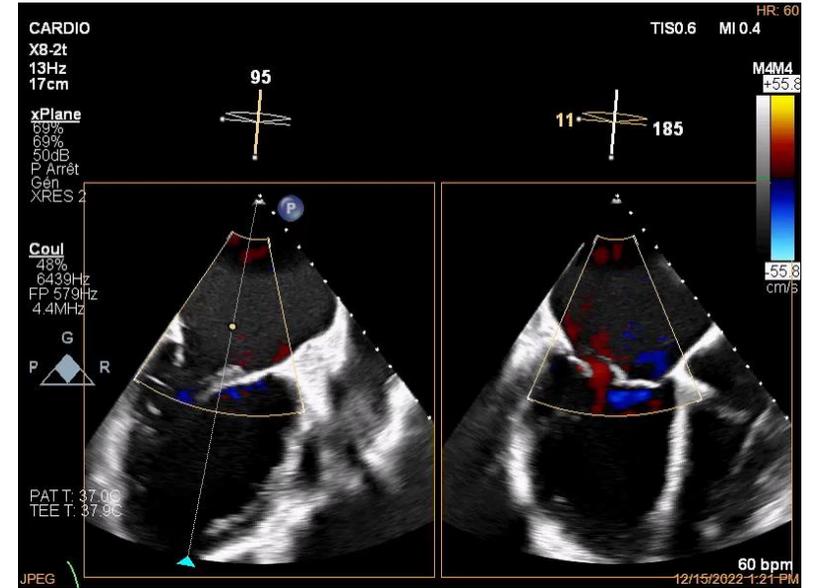
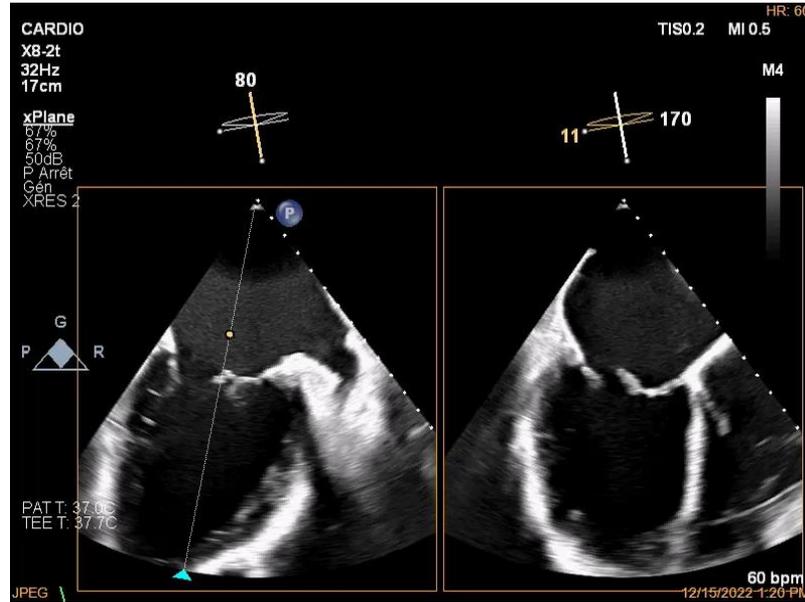
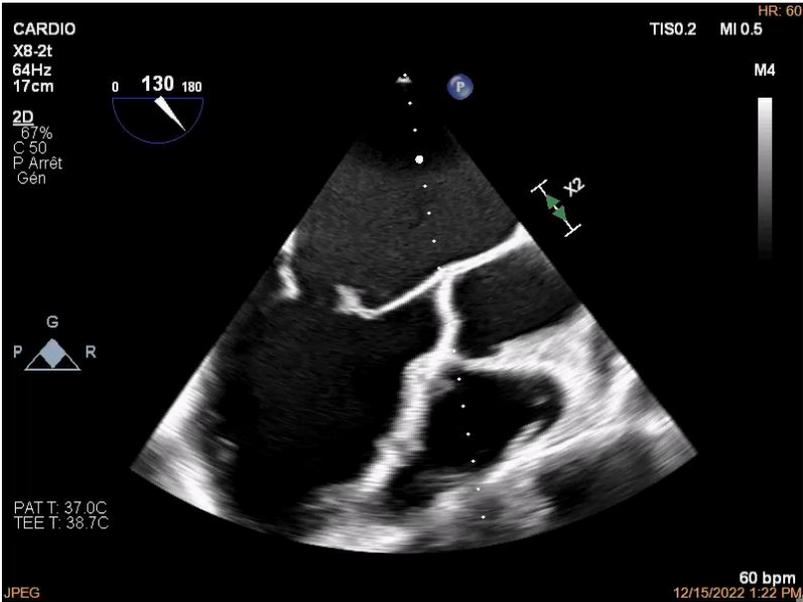
## COAPT



No. at Risk:

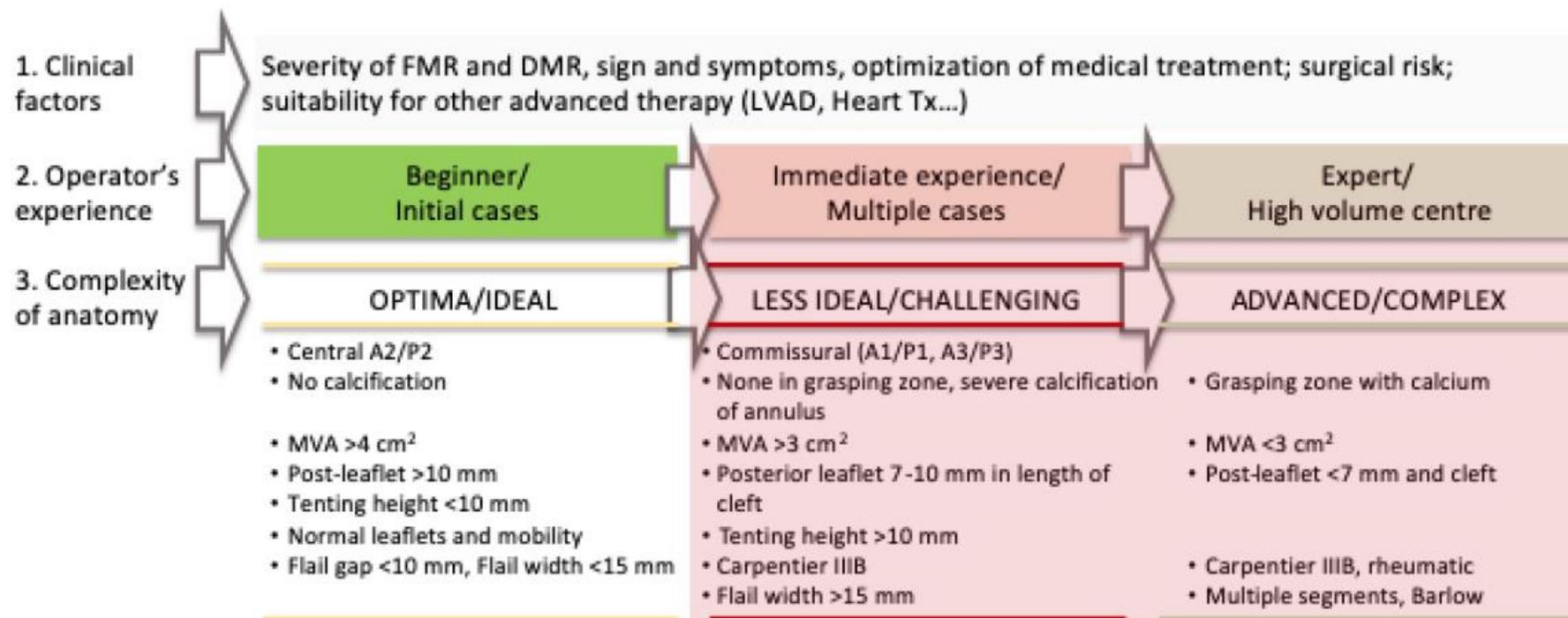
Control Group	312	244	205	174	153
Device Group	302	264	238	215	194

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



# Patient Selection

## Anatomical Suitability for TEER

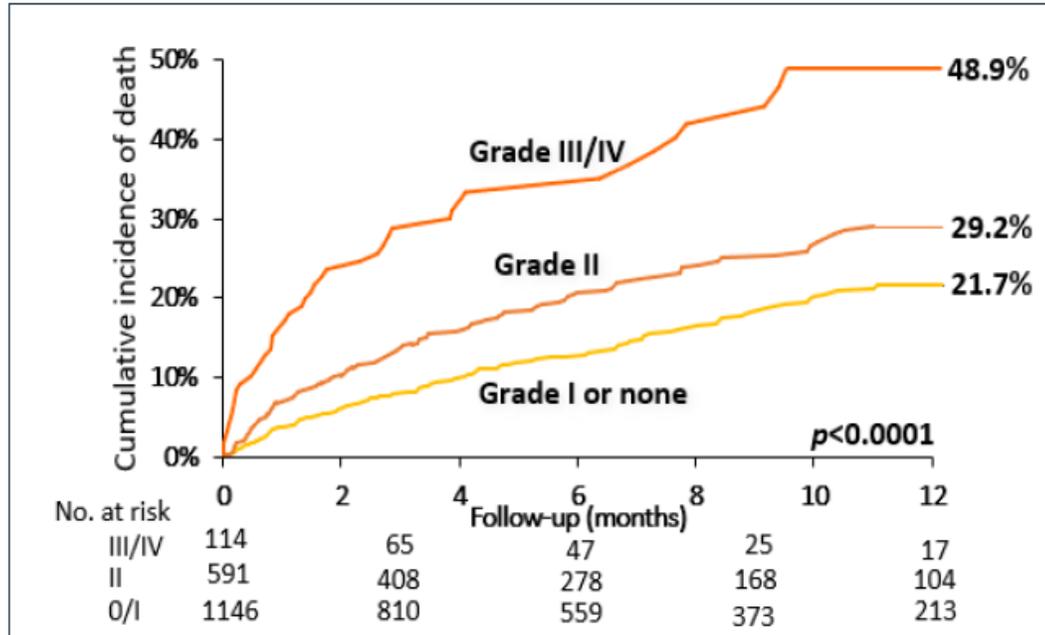


Reproduced from Gavazzoni et al., Eur Heart J Cardiovasc Imaging (2020). DOI: 10.1093/ehjci/jeaa062.

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

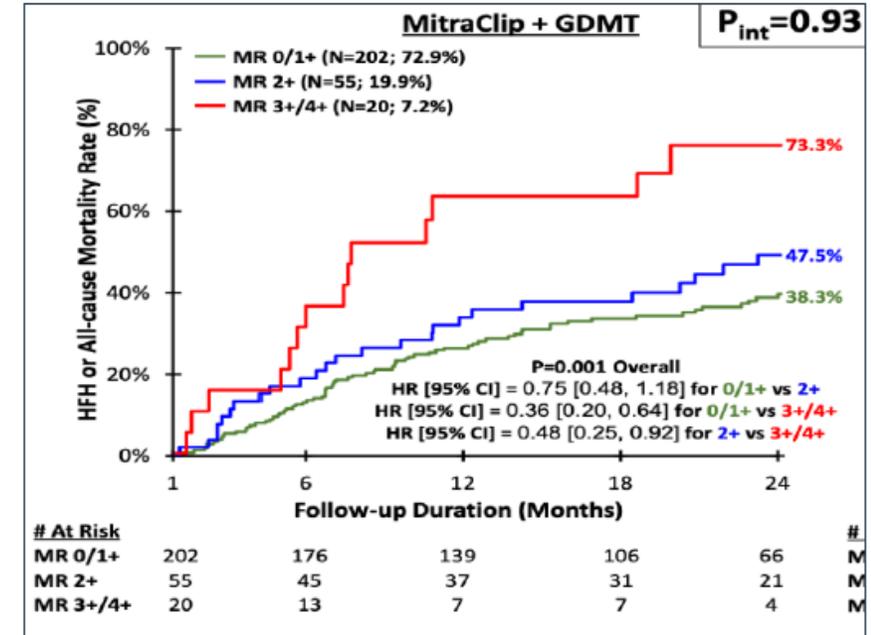
## Primary MR

STS / ACC TVT Registry (US)<sup>1</sup>



## Secondary MR

COAPT Clinical Trial (Device Arm)<sup>2</sup>

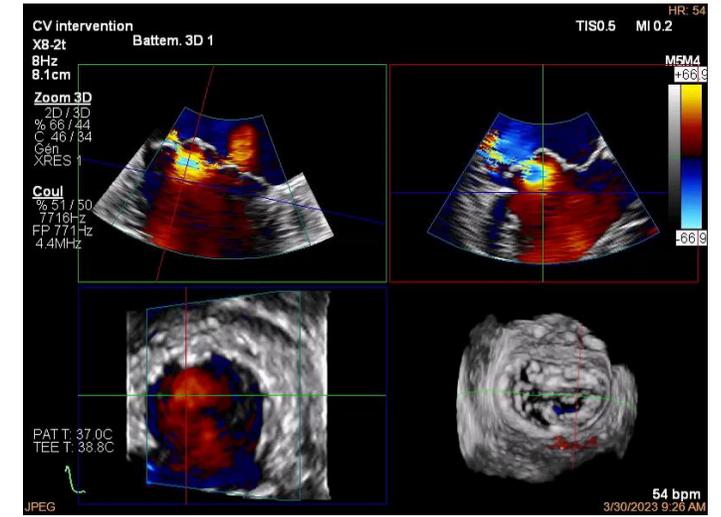


<sup>1</sup>Sorajja et al. J Am Coll Cardiol. 2017; 70(19):2315-27

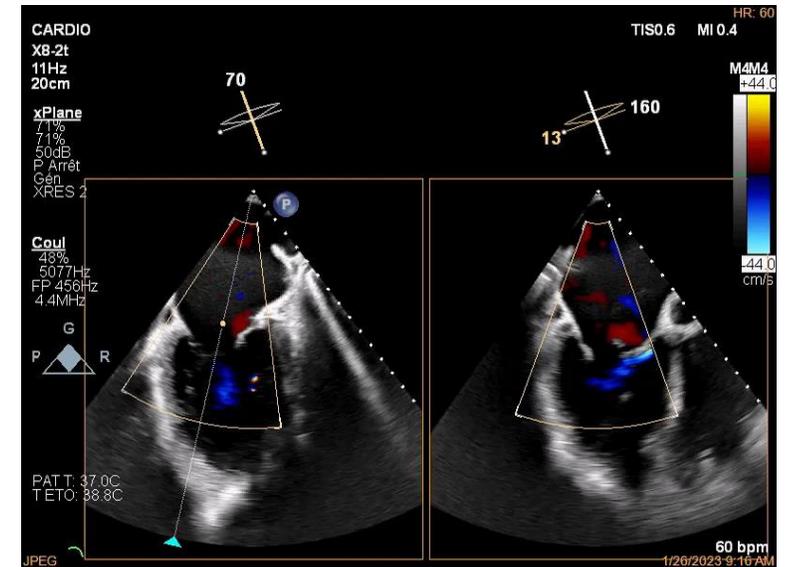
<sup>2</sup>Presented by Saibal Kar, Relationship between Residual Mitral Regurgitation and Clinical and Functional Outcomes in the COAPT Trial, EuroPCR 2019

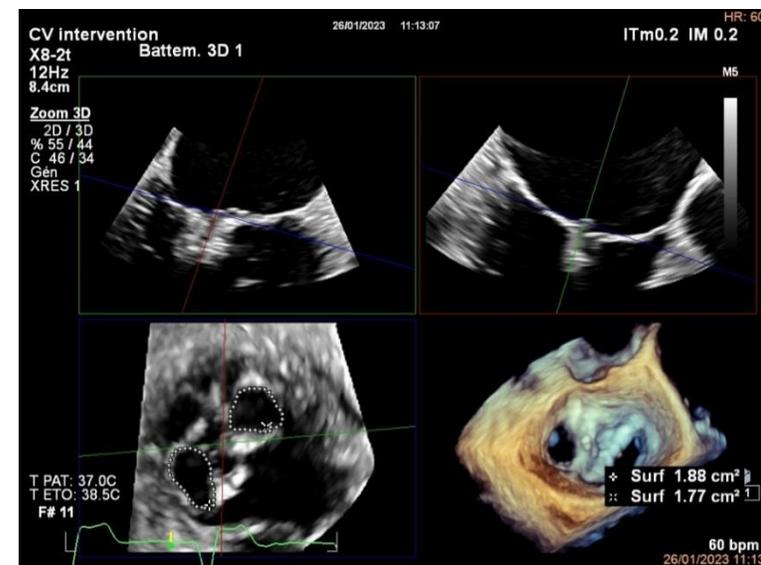
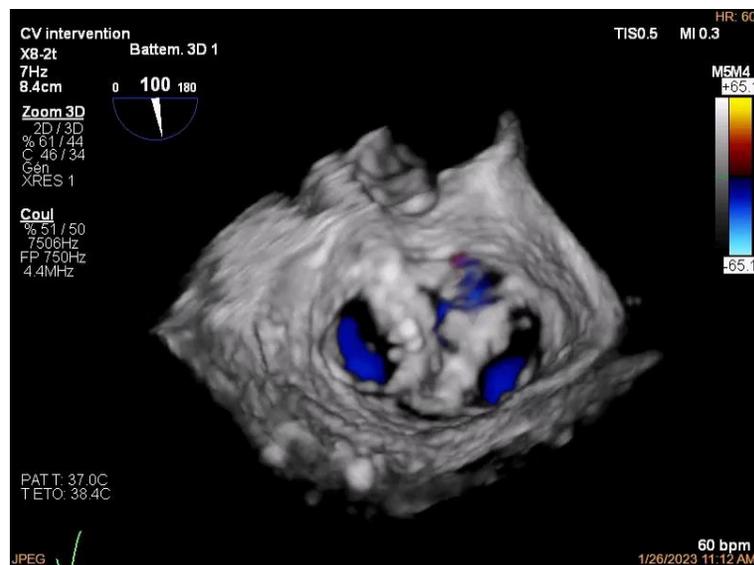
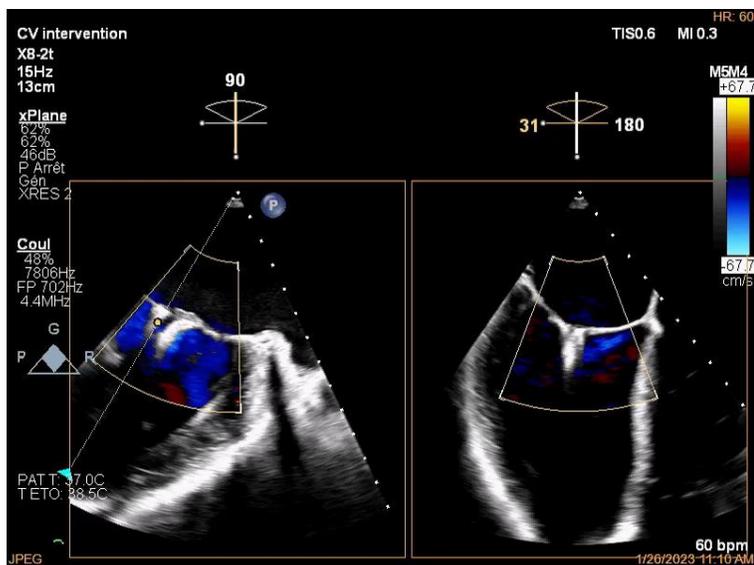
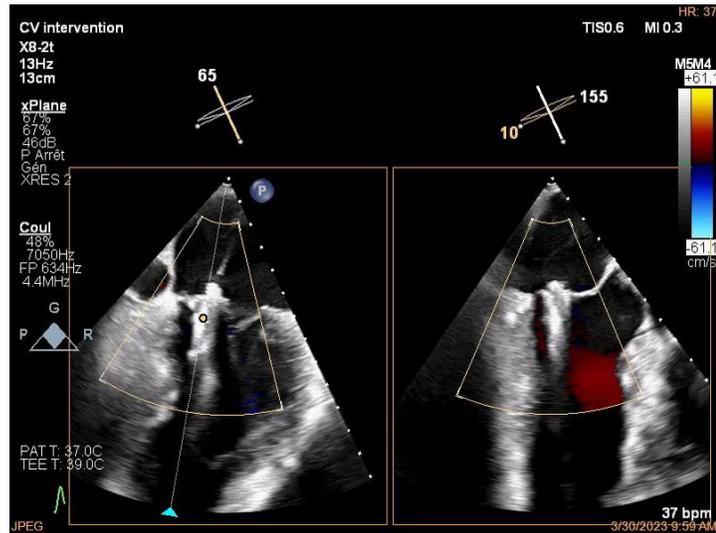
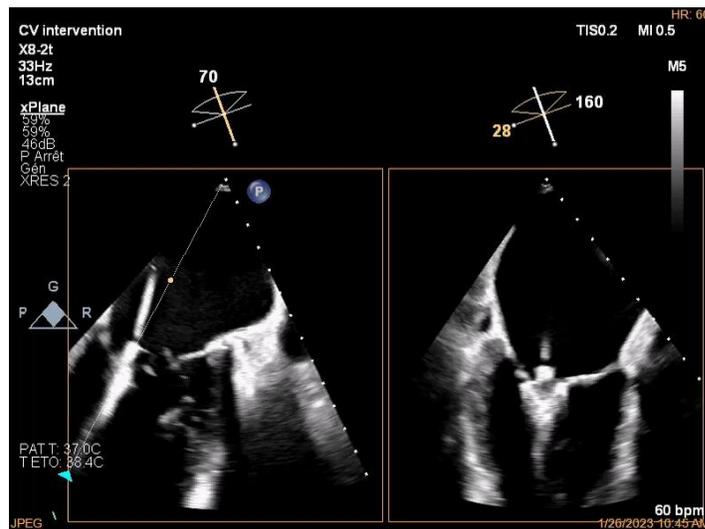
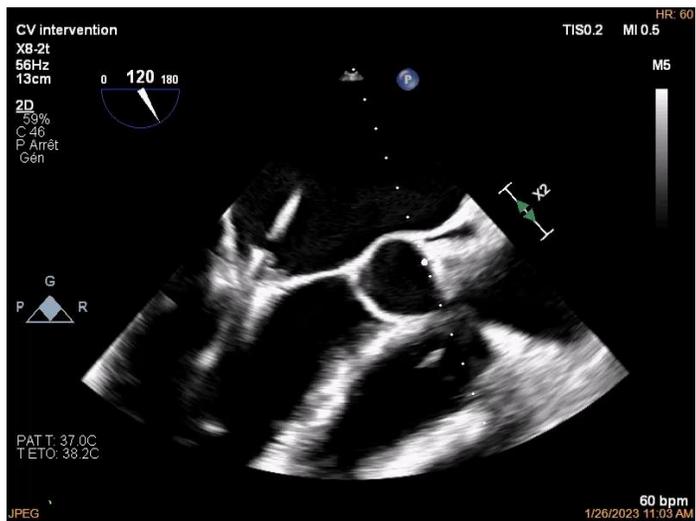
- ETO : IM organo fonctionnelle massive avec prolapsus de A2 vers A3.  
Décision de ne pas réaliser de mitra clip.
- Dépletion hydrosodée intensive

# ETO 2 per mitraclip



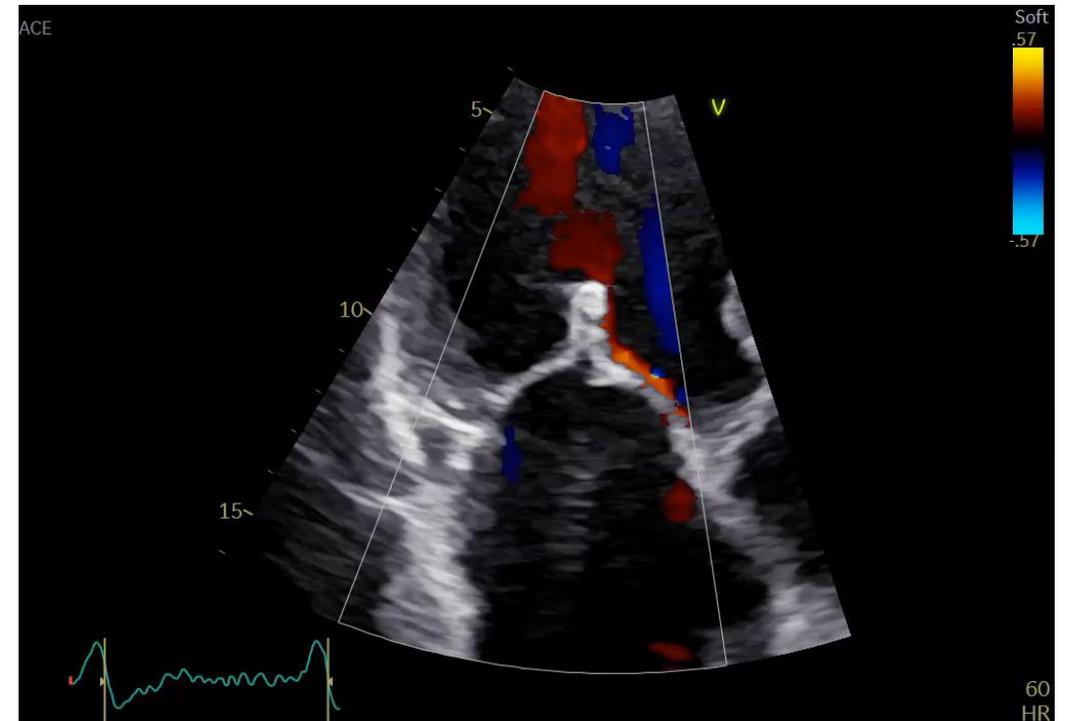
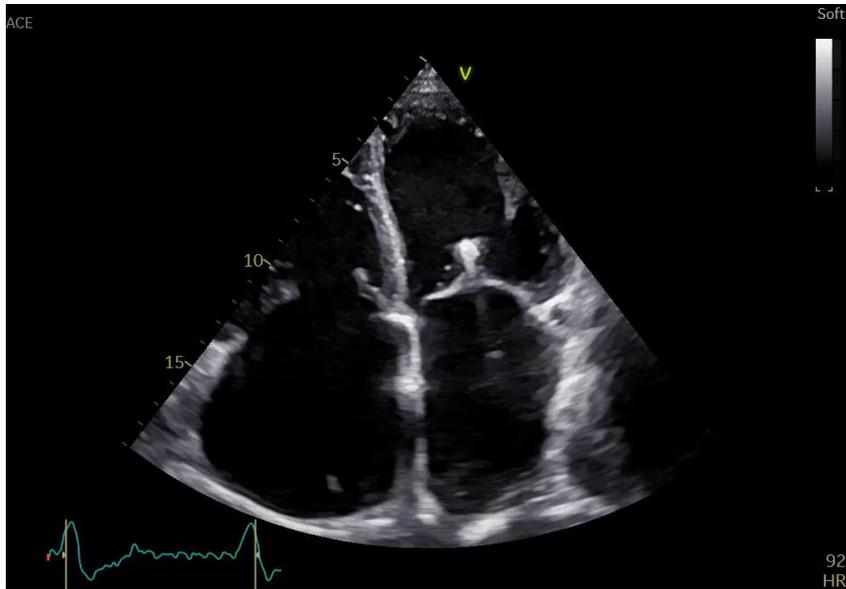
- Franche amélioration du GAP de coaptation
- Prolapsus A2 vers A3 et P3





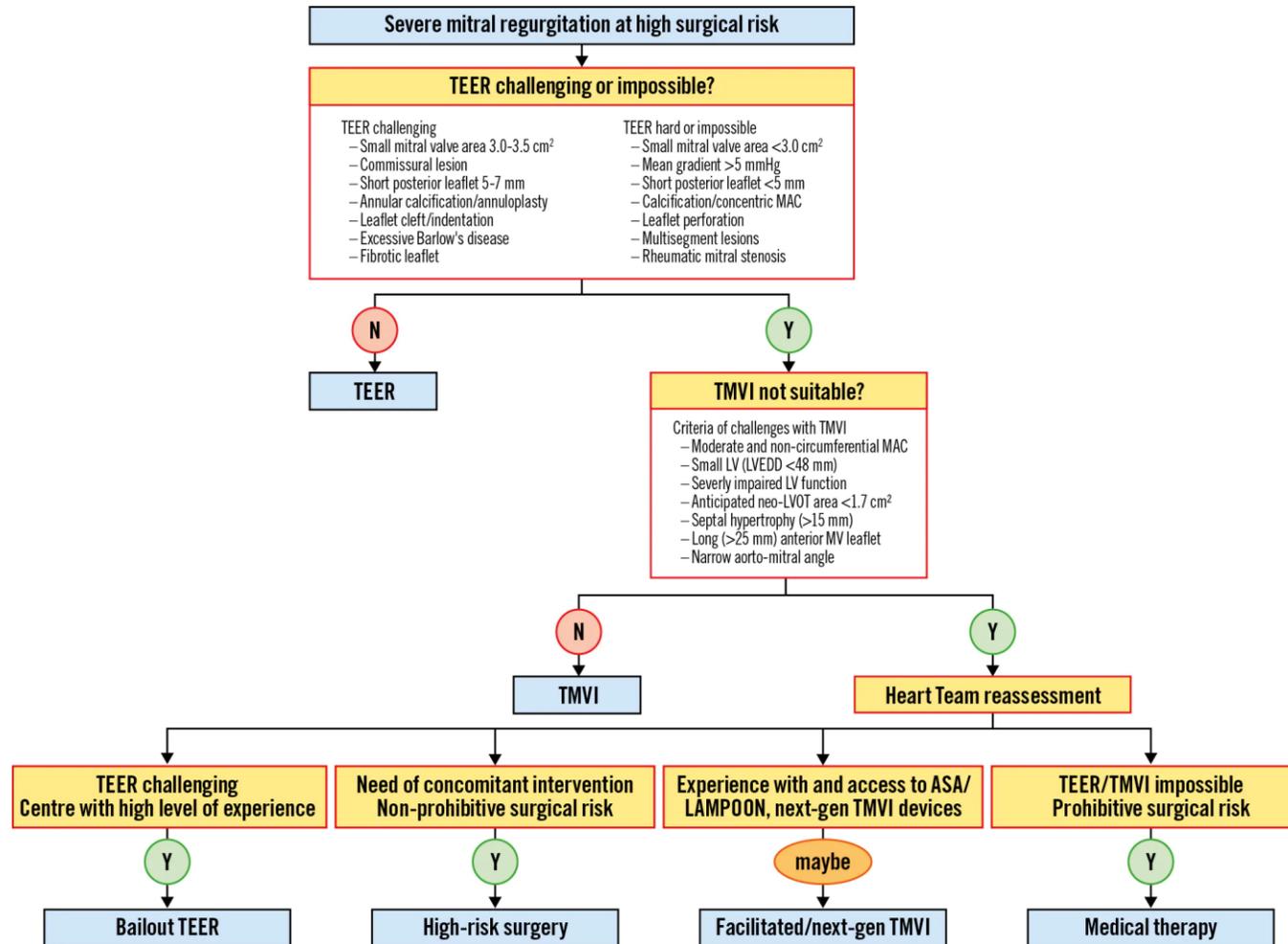
- Mise en place de deux clips (le premier sur A3 et le deuxième plus central)
- Fuite résiduelle modérée

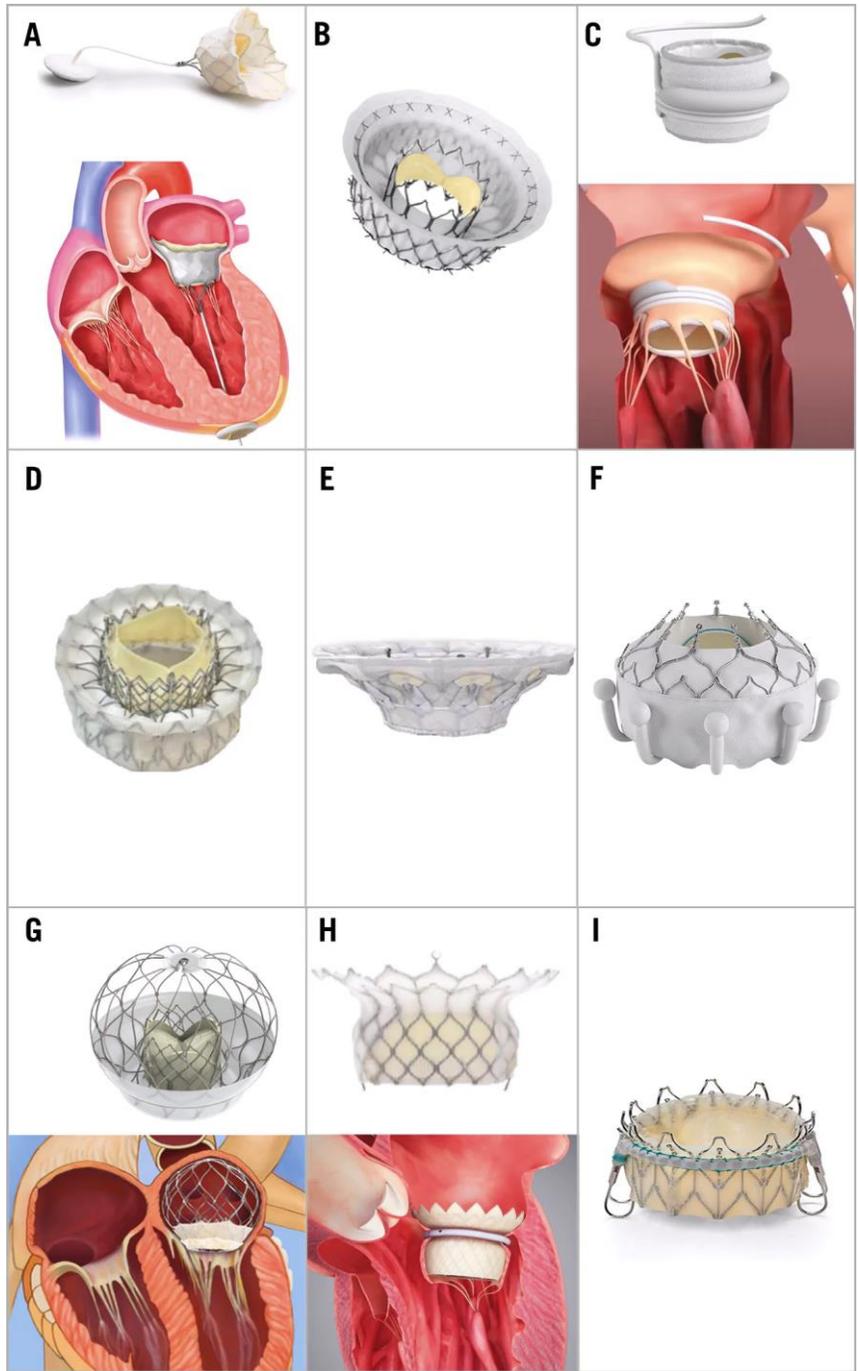
# ETT post

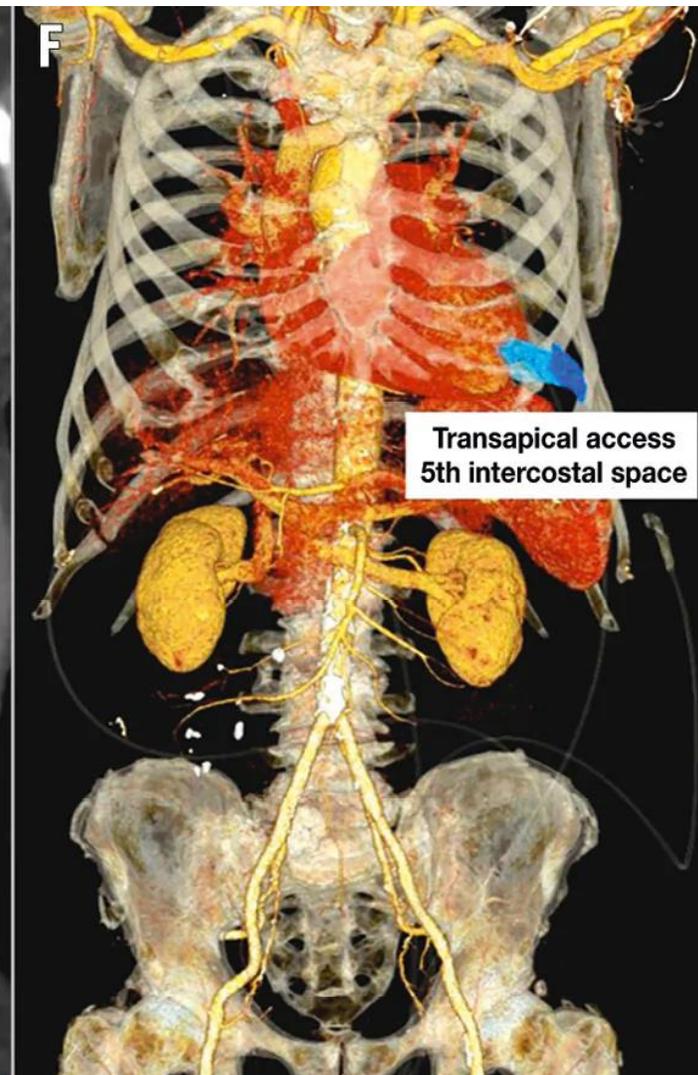
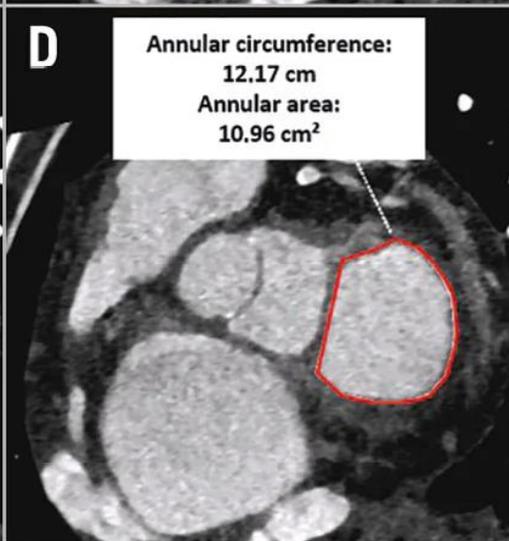
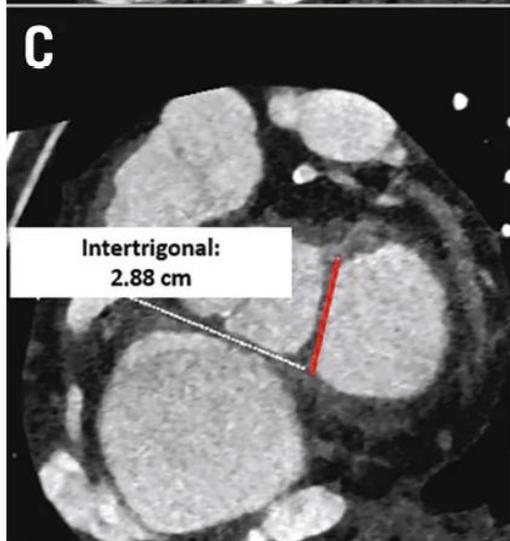
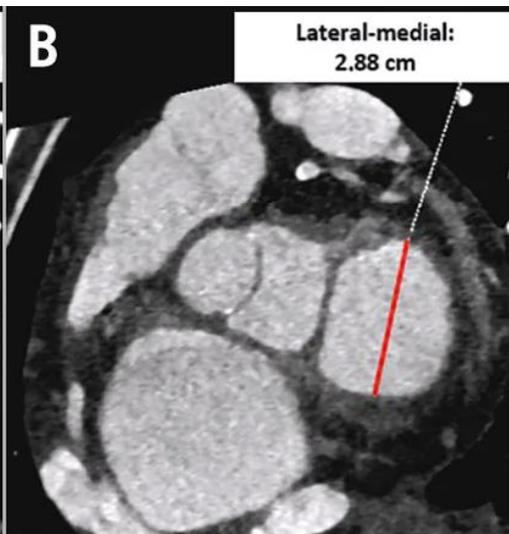
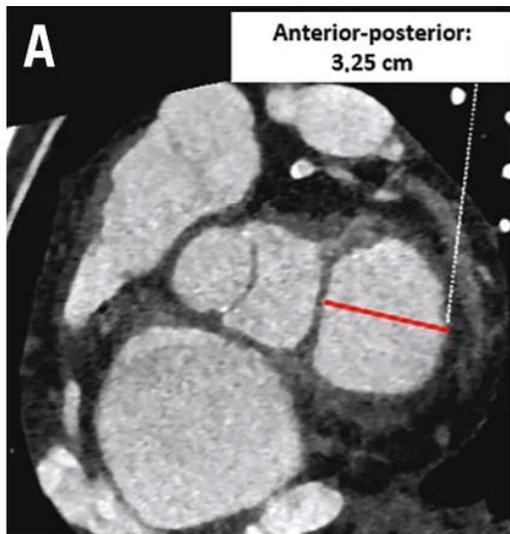


Amélioration de la dyspnée  
Pas de réhospitalisation depuis janvier 2023

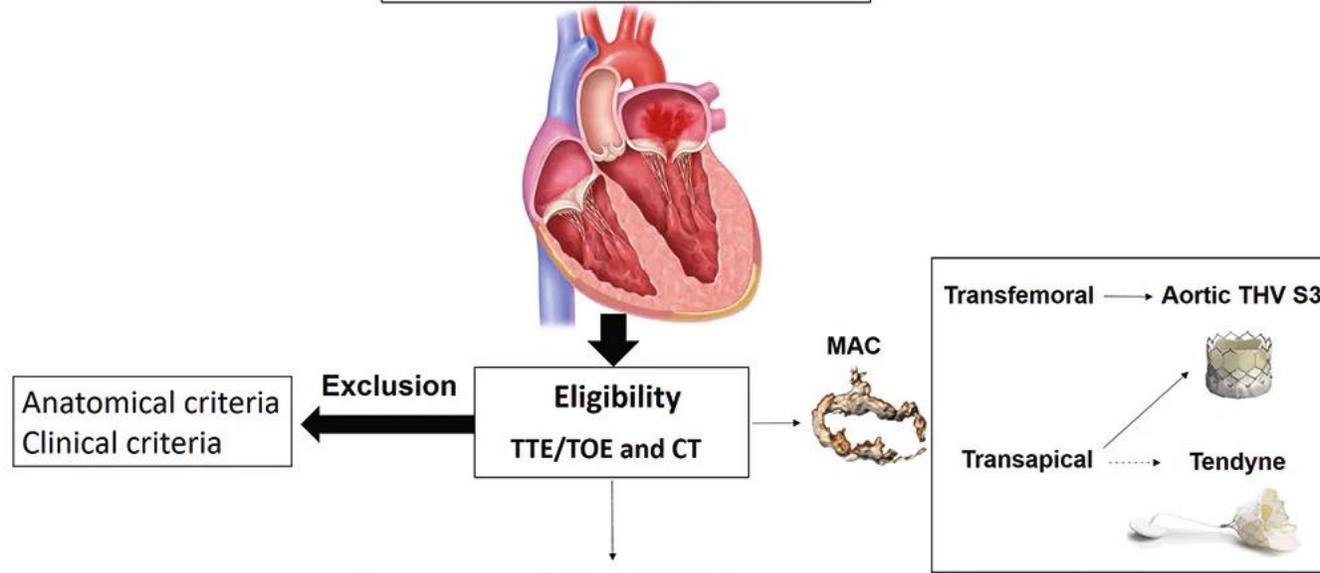
# Quelles alternatives au Mitraclip ?



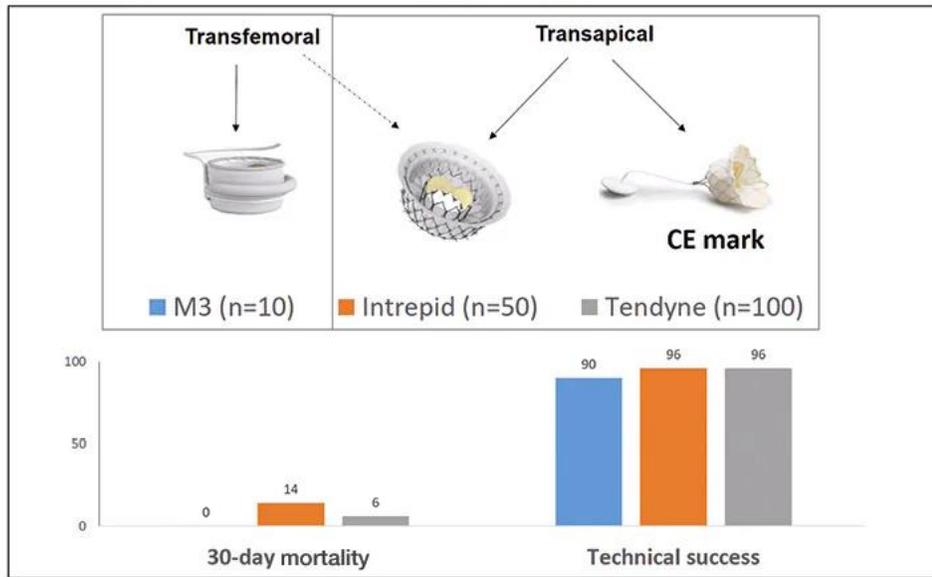




# TMVI for native valves

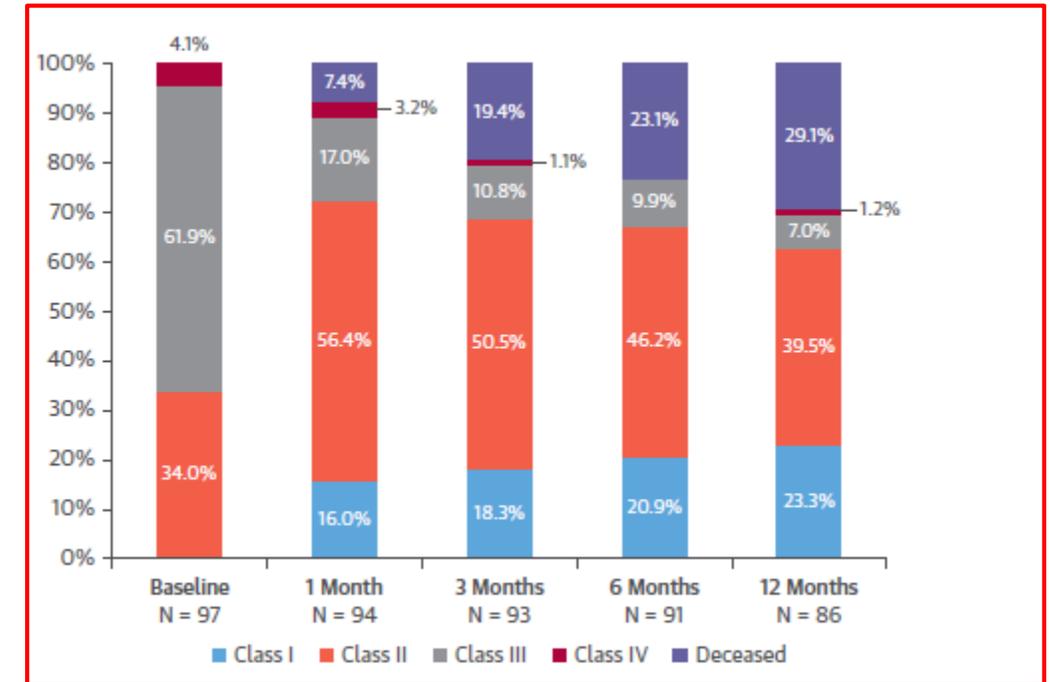
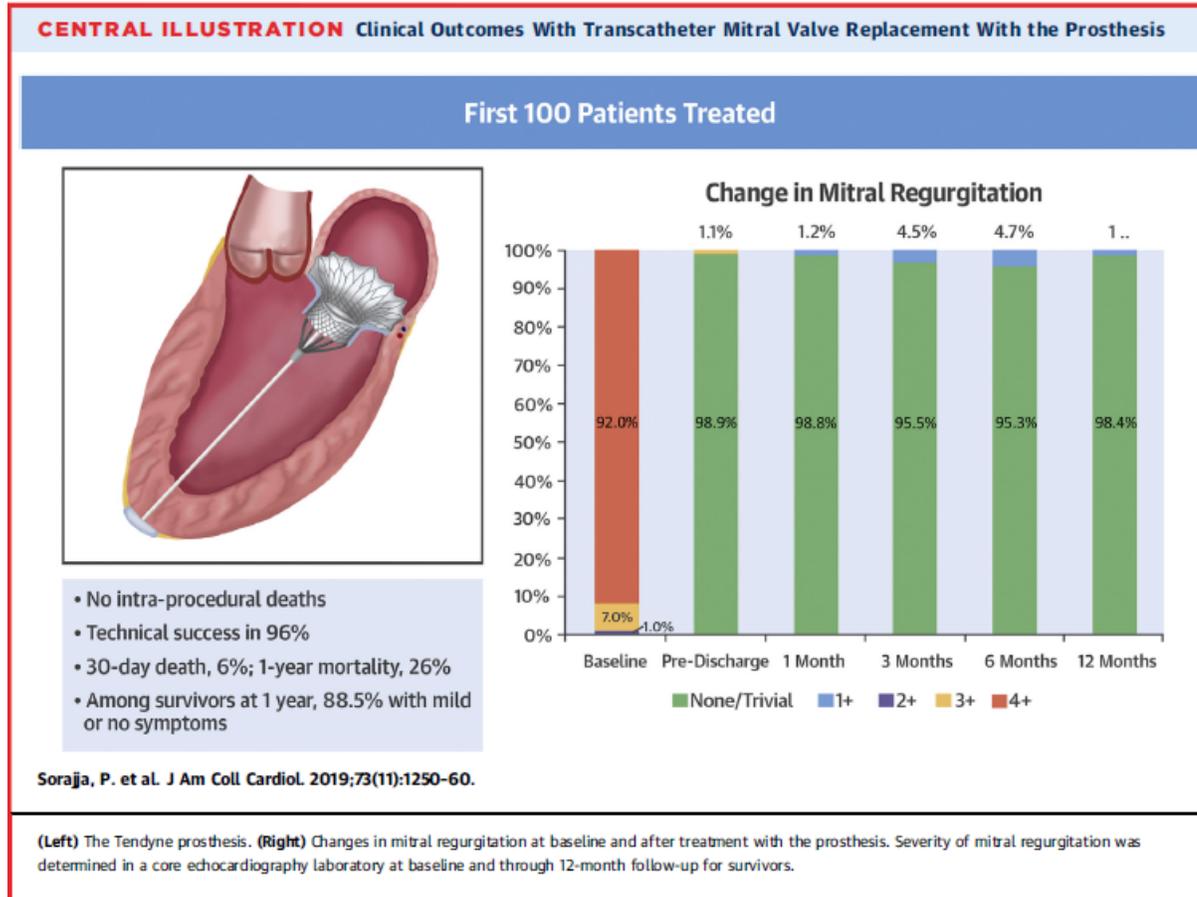


## Investigational → Mitral THV



Pivotal trials

# Remplacement: Tendyne



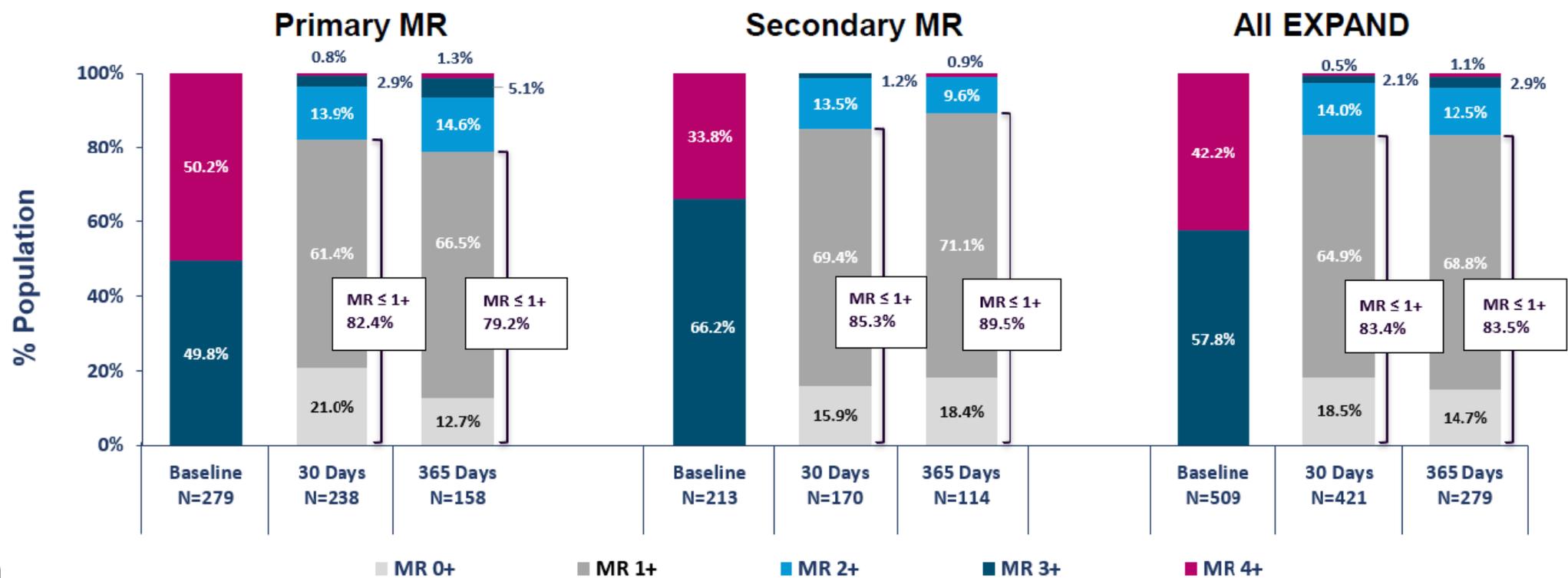
Tendyne: 100 cas Transapical



# 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