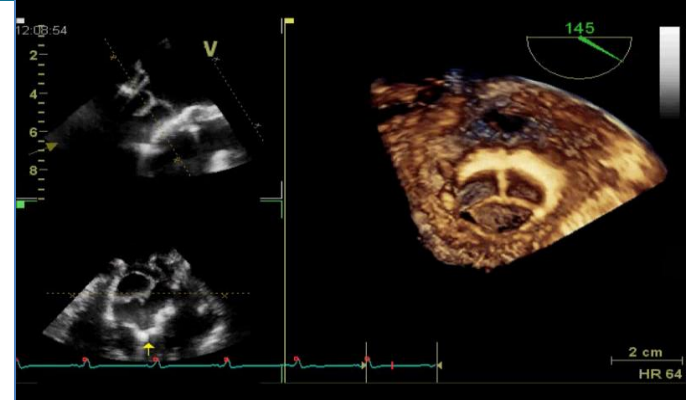




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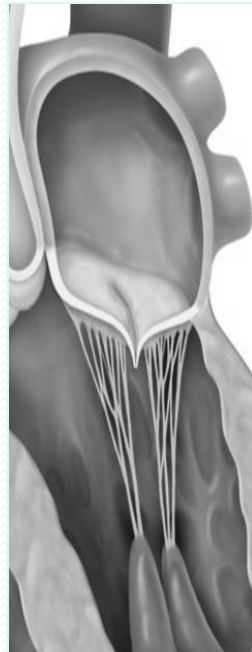
Mitral Clips and PMVR: What Predicts a Successful Result?

Jeremy Edwards, MD FRCPC
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Mitral Regurgitation

Causes

- Degenerative MR
 - Also known as primary MR
 - Anatomic defect of one or more components of the mitral valve apparatus—annulus, leaflets, chordae, or papillary muscles
- Functional MR
 - Also known as secondary MR
 - Results from left ventricular (LV) dysfunction and dilation, with annular dilation, papillary muscle displacement and leaflet tethering



Normal
Mitral Valve



Degenerative
MR: Prolapse



Degenerative
MR: Flail



Functional MR

MitraClip TEE Criteria

Degenerative MR

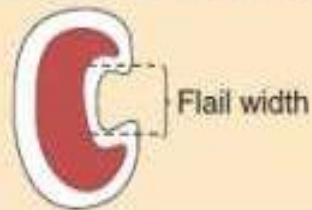
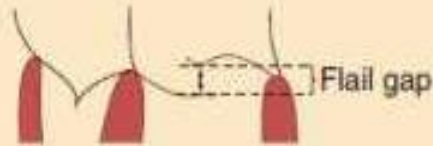
DMR flail gap

This should be taken in the view (LAX, 4C, 5C) where the flail gap is largest.



DMR flail width

This measurement should be taken in the transgastric short axis view where the flail width is largest.



Functional MR

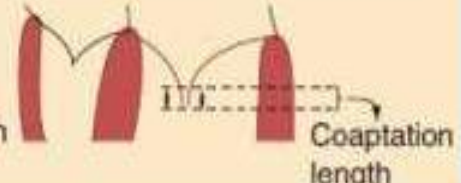
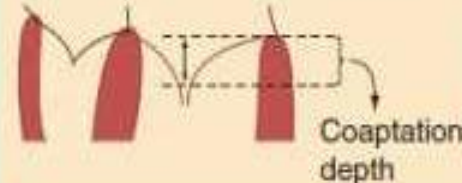
FMR coaptation depth

The measurement should be taken in the 4C view where the coaptation depth is greatest.



FMR coaptation length

The measurement should be taken in the 4C view where the coaptation length is shortest.



Beyond the EVEREST Criteria

- Anterior flail
- Failed Surgical Repair
 - annuloplasty ring failure
 - torn artificial chords
- HOCM with SAM
- Endstage HF to delay transplant/VAD

Fortis PMVR TTE Criteria

Echo Measurements

Pt ID _____

Dimension	Sizing Feature/ Potential Adverse Effect	Phase	Measured Value	Target Range
A2P2 Distance	Valve Body Diameter	Systole		≥ 3.0 cm
A2P2 Distance	Valve Body Diameter	Diastole		≤ 4.4 cm
Anterior Leaflet Length from Hinge Point	Paddle Height	N/A		< 2.3 cm
Posterior Leaflet Length	Inability to Capture Leaflet	N/A		> 0.5 cm

Note: All echo measurements to be made via TTE if possible. Note if TEE was used.



Algorithm for treatment of significant MR

