



One shot transcatheter solution for torrential tricuspid regurgitation

Berenice Caneiro-Queija¹, Rodrigo Estévez-Loureiro¹, Jose A Baz-Alonso¹, Francisco Calvo-Iglesias¹, Ubaldo Hernández¹, J. Antonio Espino-Moreno¹, María Melendo-Viu¹, Enrique Ochoa¹, Rocío González-Ferreiro¹, Andrés Iñiguez-Romo¹

¹Hospital Alvaro Cunqueiro (Vigo) Spain

Declaration of interest: Nothing to declare

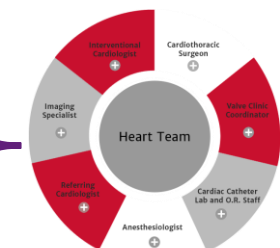
- 72 year-old women
- Hypertension, dyslipidemia as cardiovascular risk factors.
- Traumatic ventricular septal defect operated with stiches in 1982. Re-operated with patch 1982. In 2002 redo with new patch and modified De Vega annuloplasty.
- Permanent atrial fibrillation on rivaroxaban. Dual-chamber pacemaker due to sinus node dysfunction.
- Chronic heart failure. NYHA class IIIc. TTE showed moderate-severe mixed MR and torrential TR.

Moderate-severe MR

Massive TR with pacemaker leads interfering

4th cardiac reintervention

High risk scores (EuroScore II 10.13% STS 17.2%)



Treat MR & Re-evaluate TR during follow-up

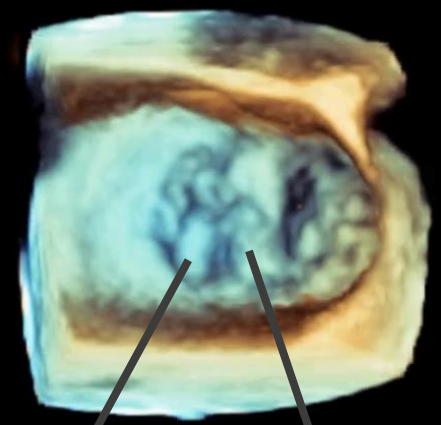


Pacemaker leads

TR

Pacemaker leads

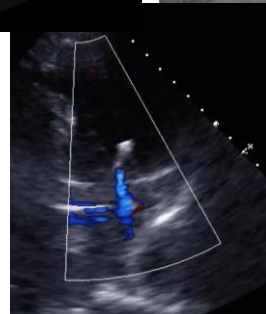
Steerable Guide Catheter



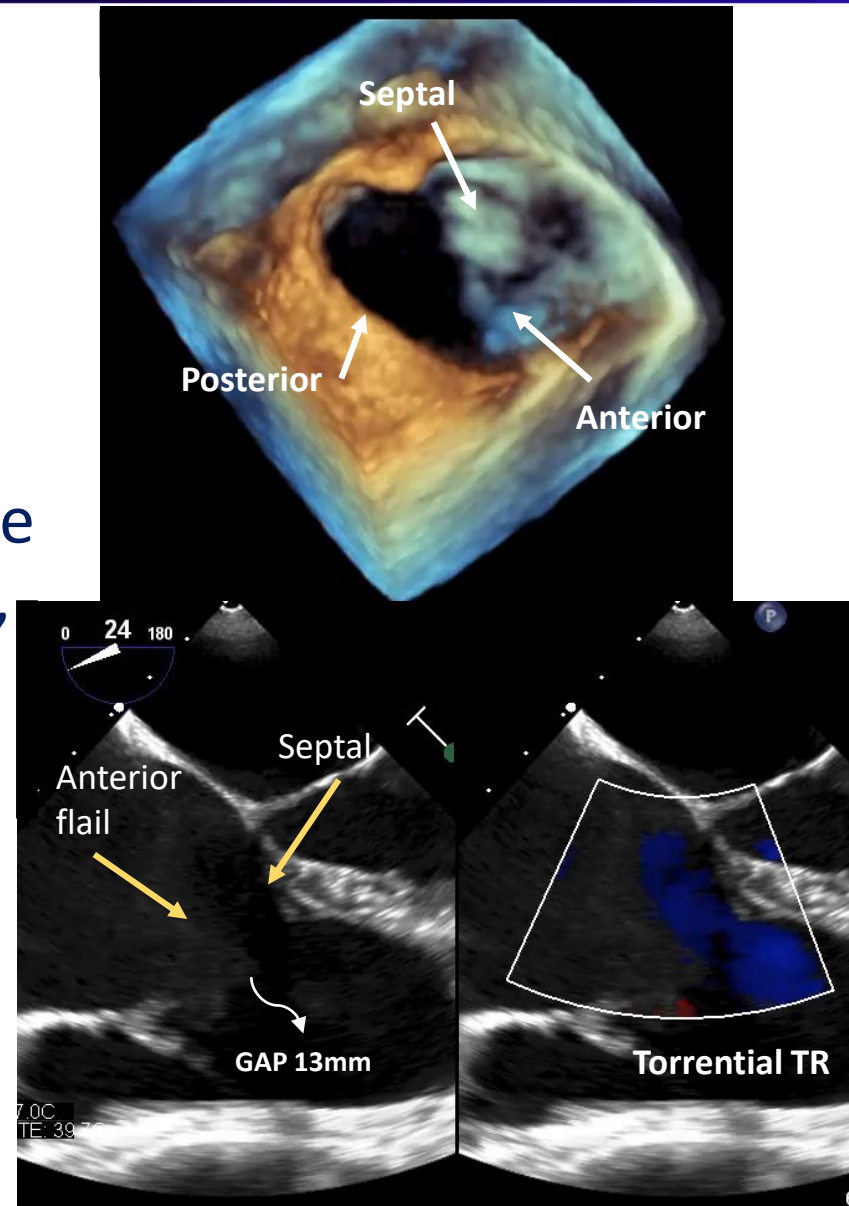
1st Lateral clip

2nd Central clip

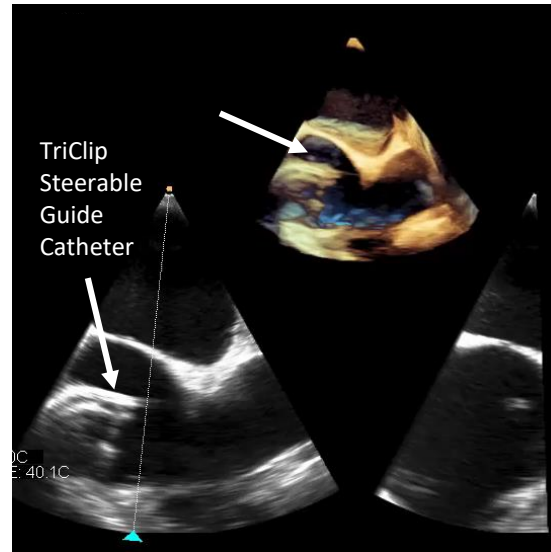
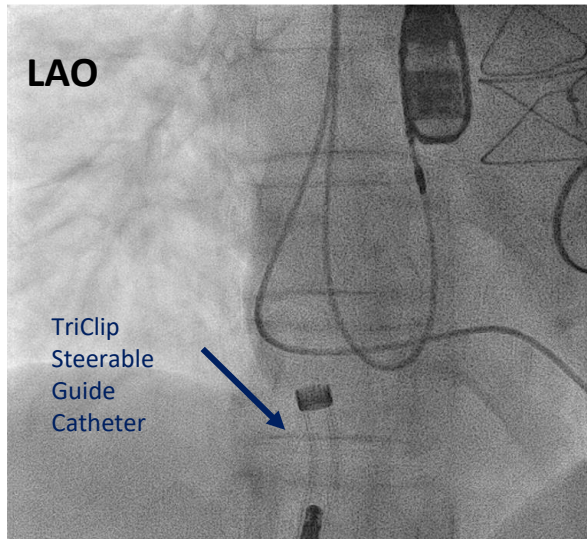
Final MR Grade I



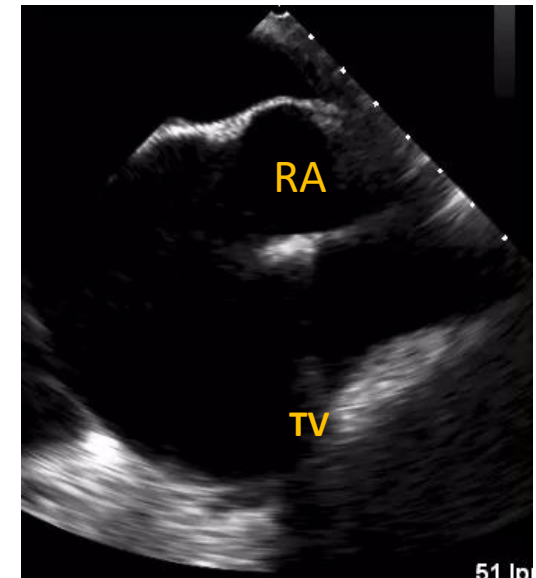
- At 1 year follow-up patient showed persistent congestive heart failure symptoms, despite increasing diuretic doses.
- Torrential TR. Complex valve anatomy (pacemaker leads, anterior leaflet flail and retracted septal leaflet)
- Heart Team meeting --> attempt percutaneous tricuspid repair



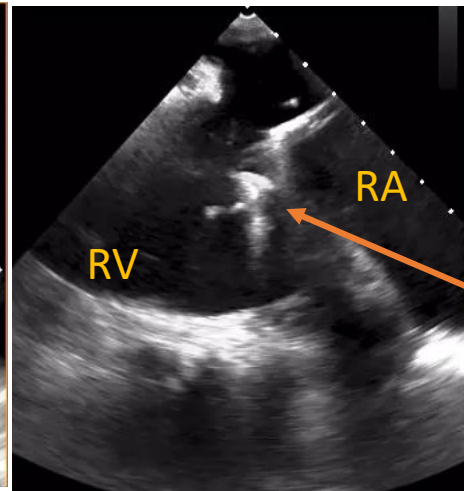
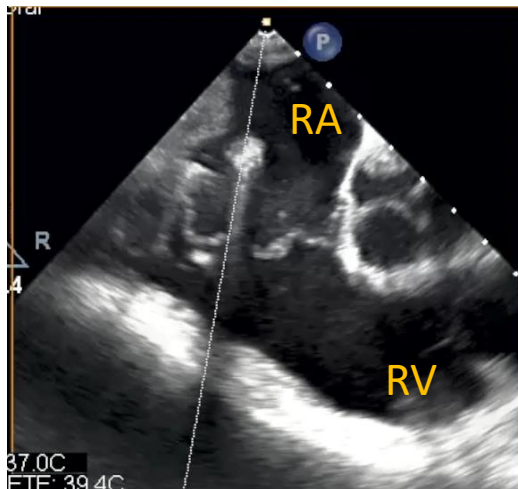
General anaesthesia TOE guidance



XTW G4 Clip steering towards TV



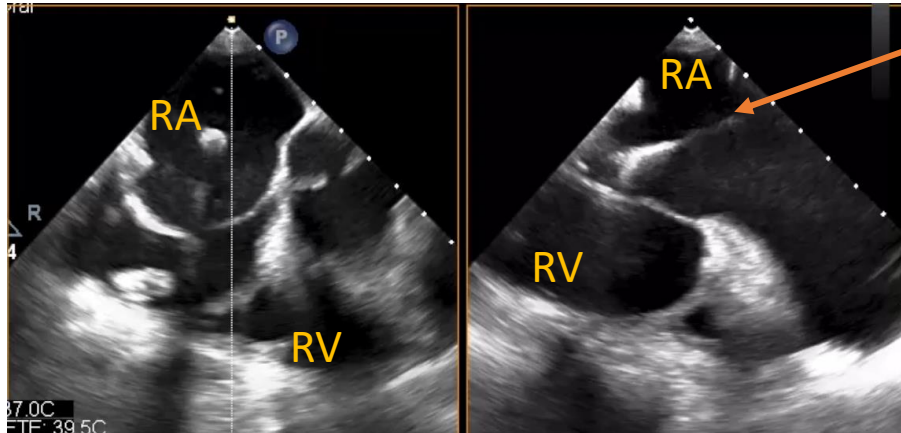
Clip Orientation



Once oriented close the clip and advance into RV

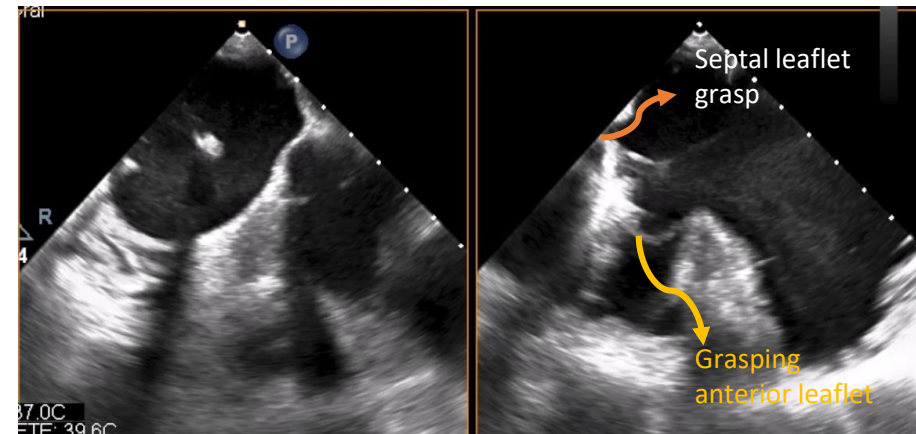
Percutaneous Tricuspid Repair: TriClip SGC + XTW G4

Crossing the valve and positioning

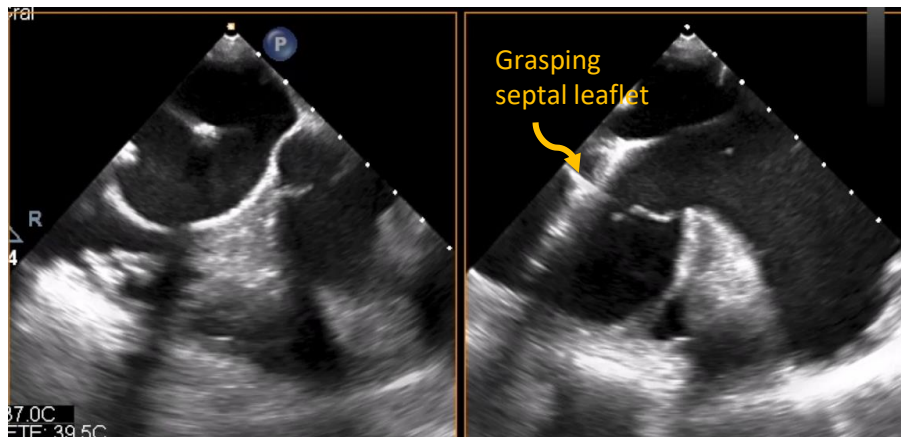


XTW G4 Clip open and oriented towards maximum gap septal and anterior

Independent Grasping

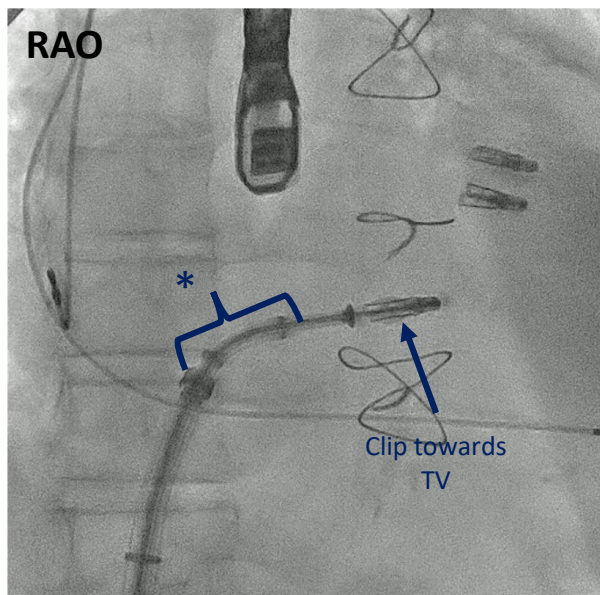


Independent Grasping

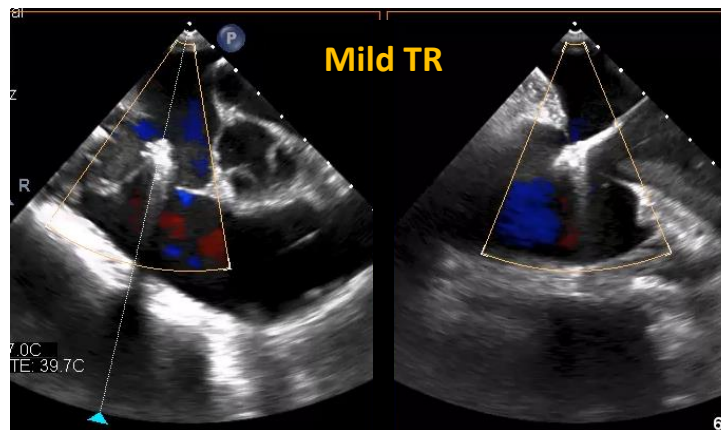


XTW G4

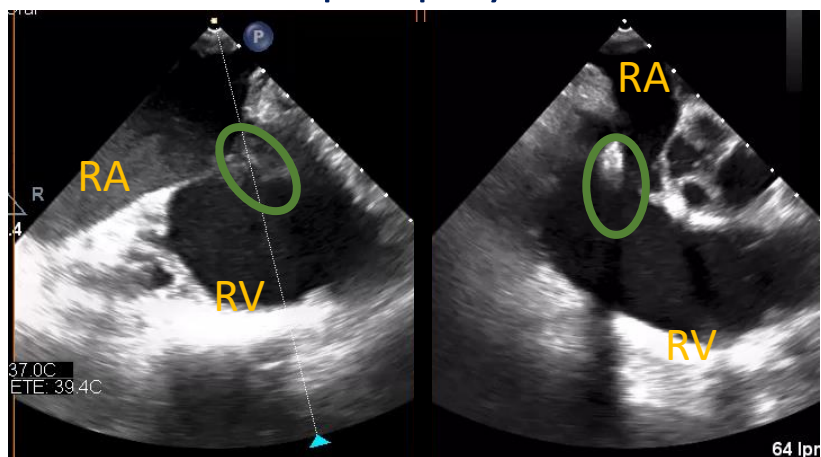
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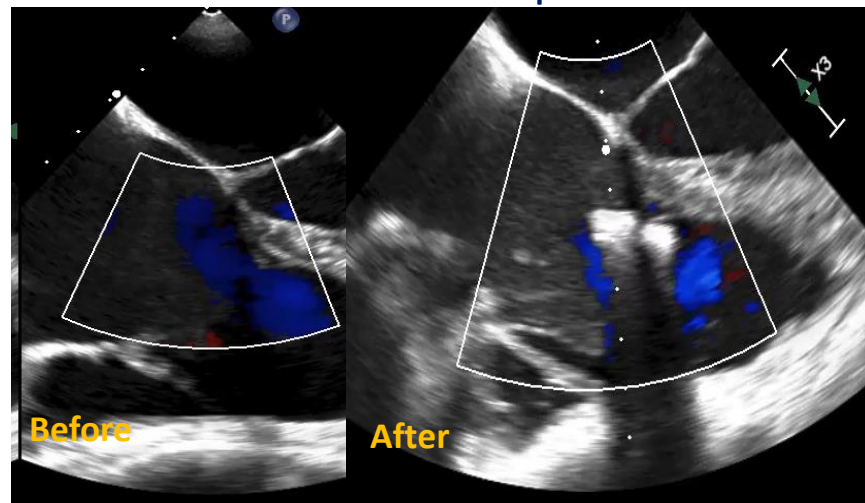
Assessing TR before deploy



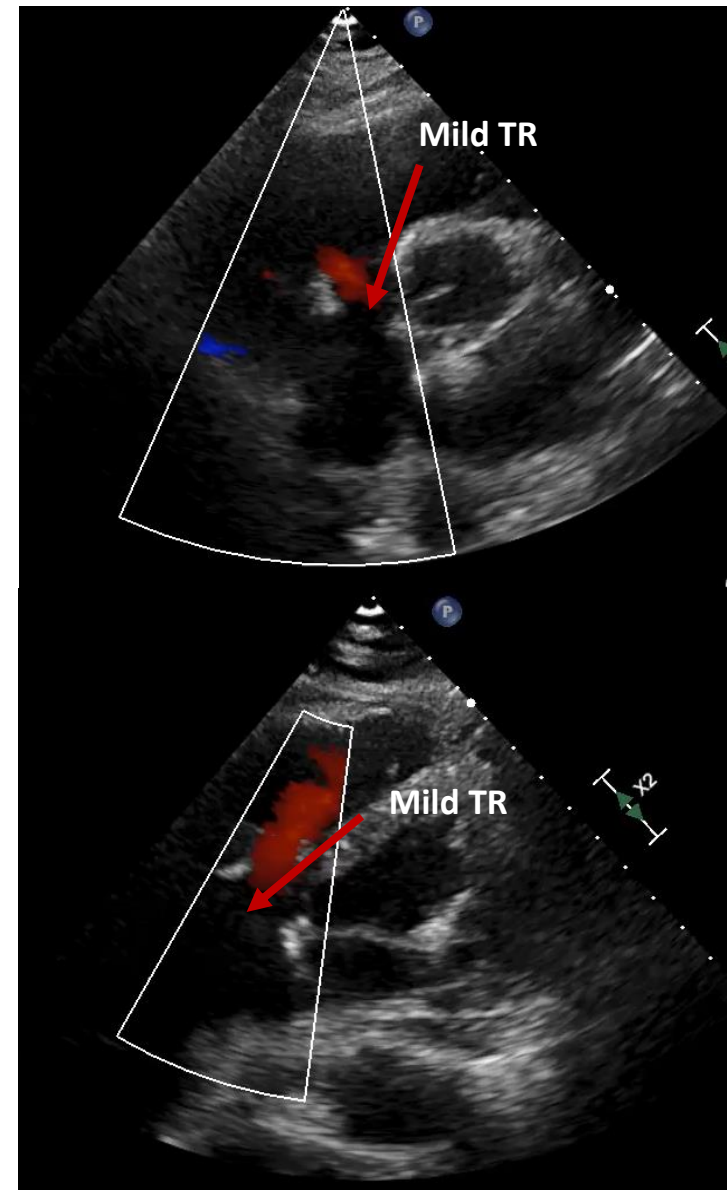
Clip deployed



Final TR result comparative



- Patient discharged 48 hours after the procedure
- No major complications
- Reduced dosage of diuretics at discharge
- Uneventful 3 months after the procedure



- Triclip guide catheter is designed for optimal position and orientation to the tricuspid valve.
- Mitraclip G4 XTW with independent leaflet grasping permit to treat larger gaps.
- The combination of Triclip guide plus MitraClip XTW G4, as in our case, allows to treat patients with larger gaps often excluded from the recommendations.

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