



One shot transcatheter solution for torrential tricuspid regurgitation

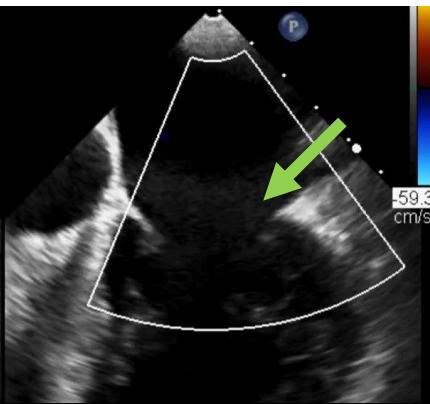
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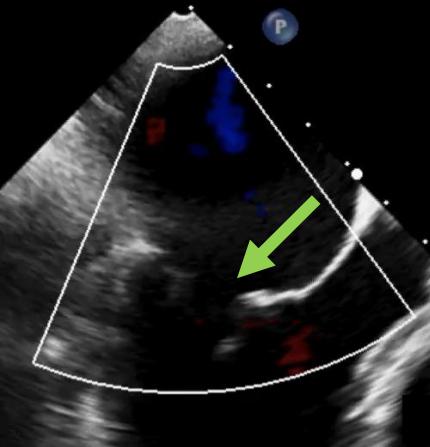
Declaration of interest: Nothing to declare

- 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.

Background



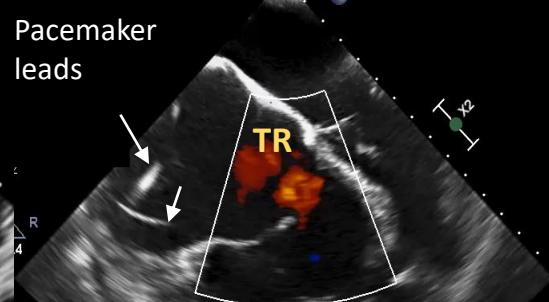
Moderate-severe MR



Massive TR with pacemaker leads interfering

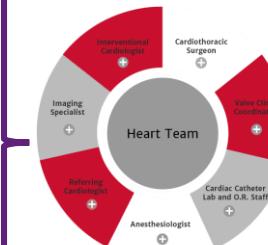
4th cardiac reintervention

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

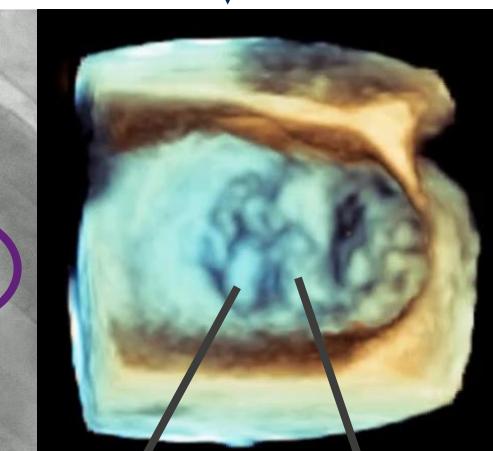


Pacemaker leads

TR



Treat MR & Re-evaluate TR during follow-up

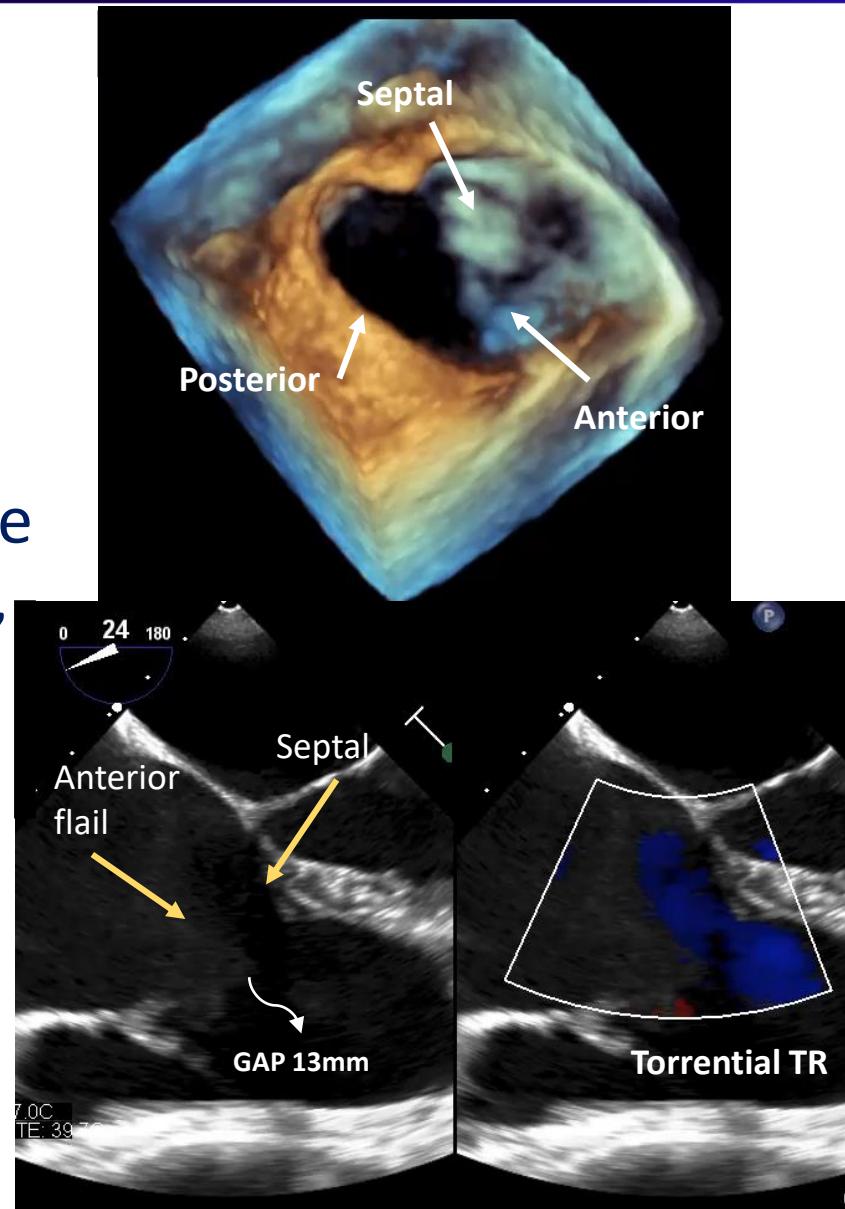


1st Lateral clip
2nd Central clip



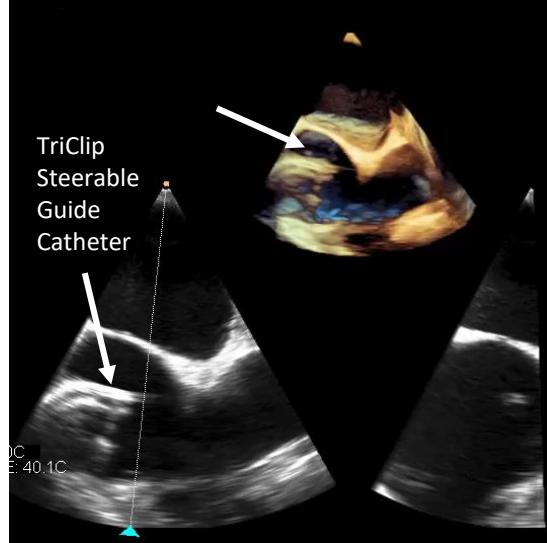
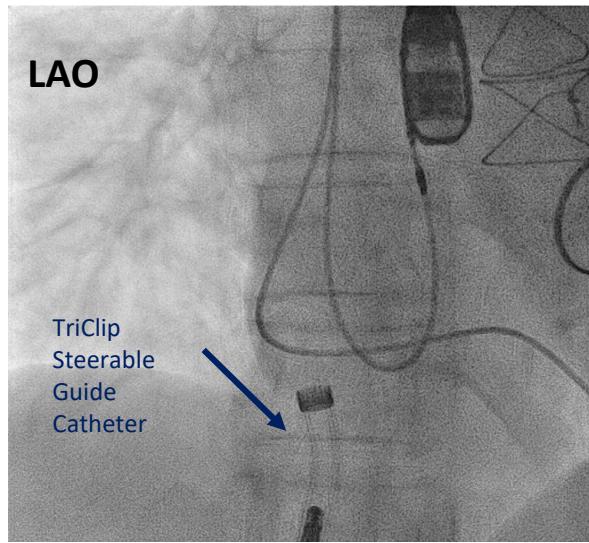
Final MR
Grade I

- 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

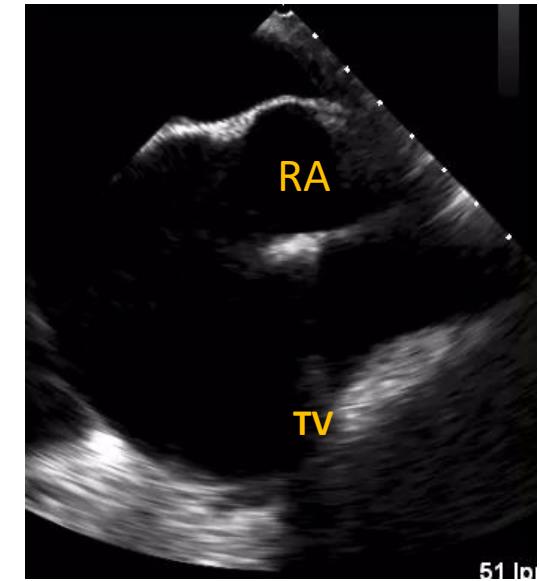


Percutaneous Tricuspid Repair: TriClip SGC + XTW G4

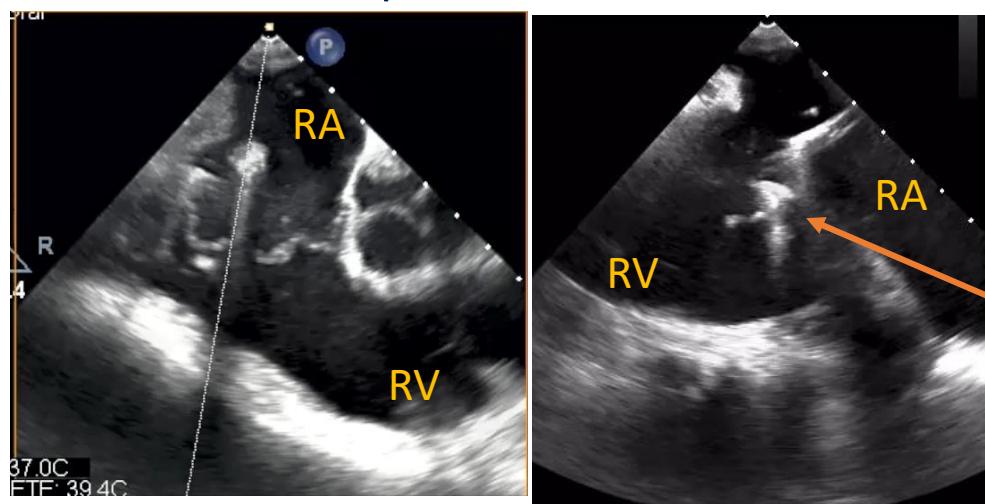
General anaesthesia TOE guidance



XTW G4 Clip steering towards TV



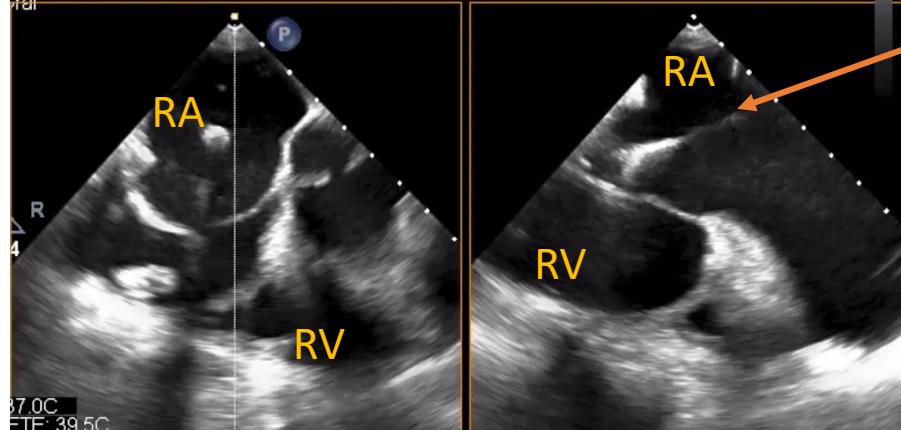
Clip Orientation



Once oriented close the clip and advance into RV

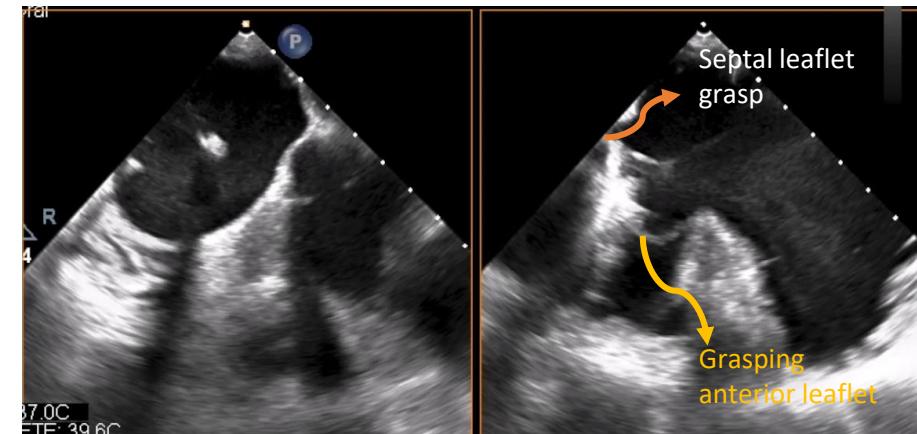
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Crossing the valve and positioning

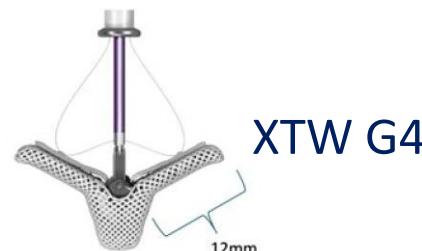
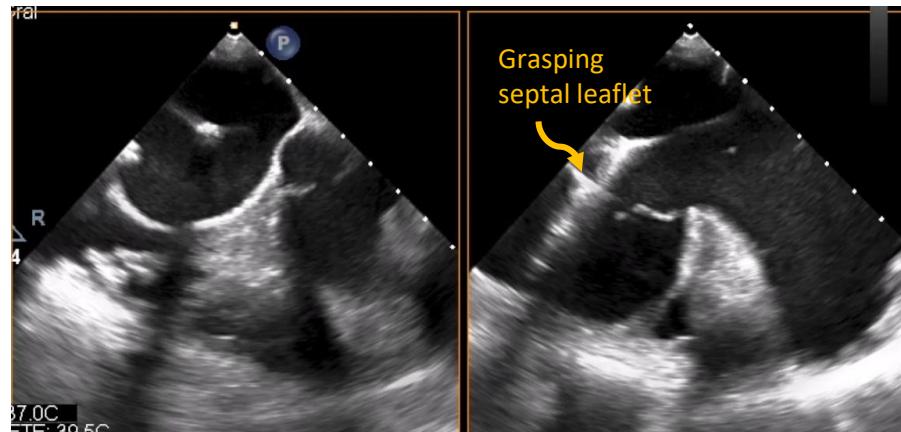


XTW G4 Clip open and oriented towards maximum gap septal and anterior

Independent Grasping

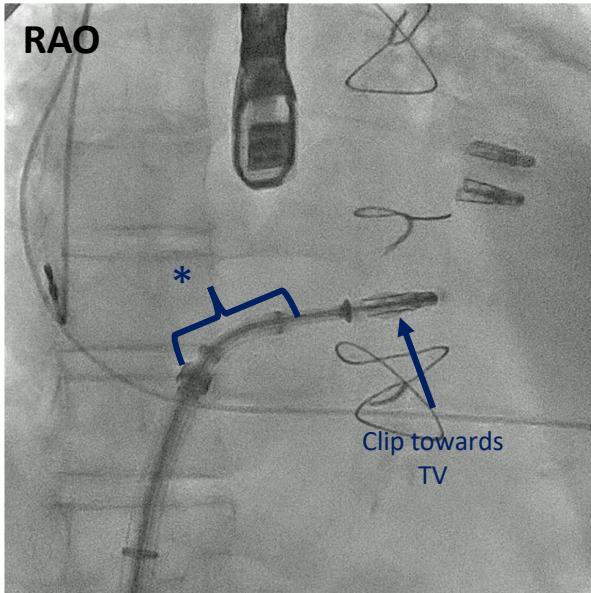


Independent Grasping



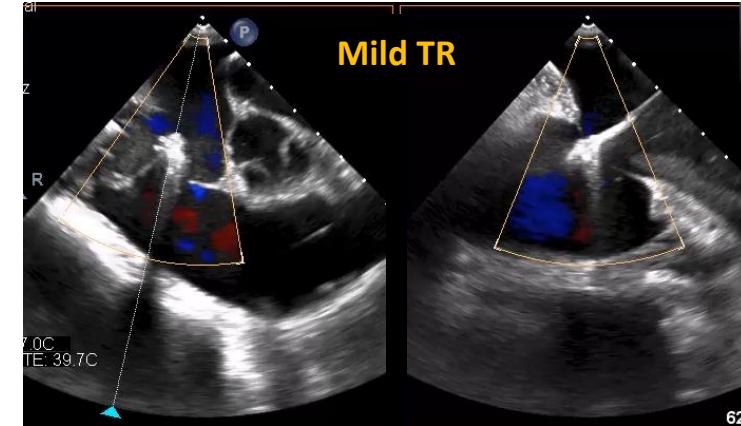
XTW G4

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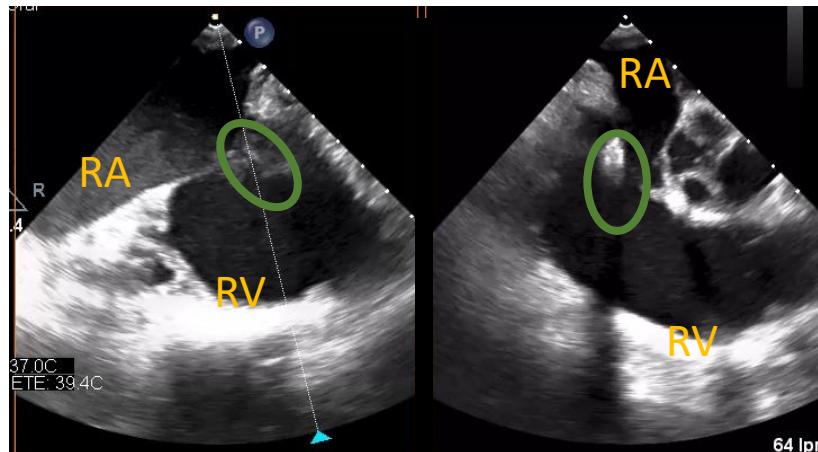


*Short curve
at the tip for
better
manoeuvre in
the right-side

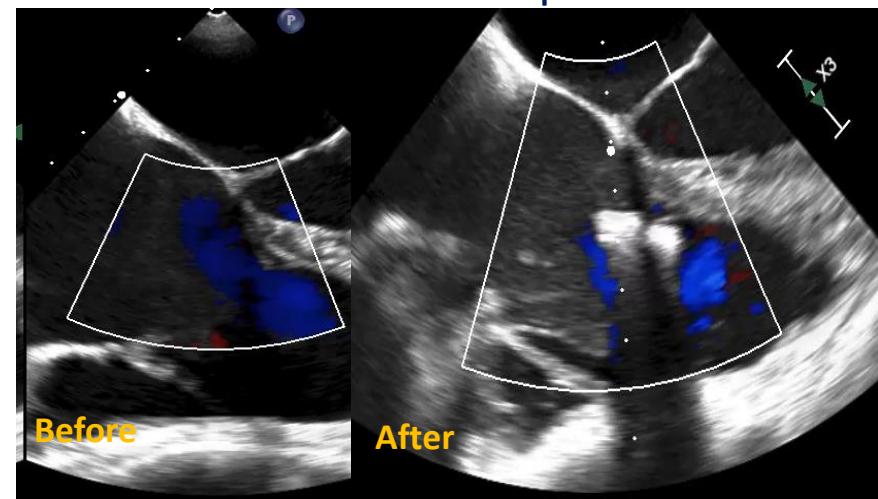
Assessing TR before deploy



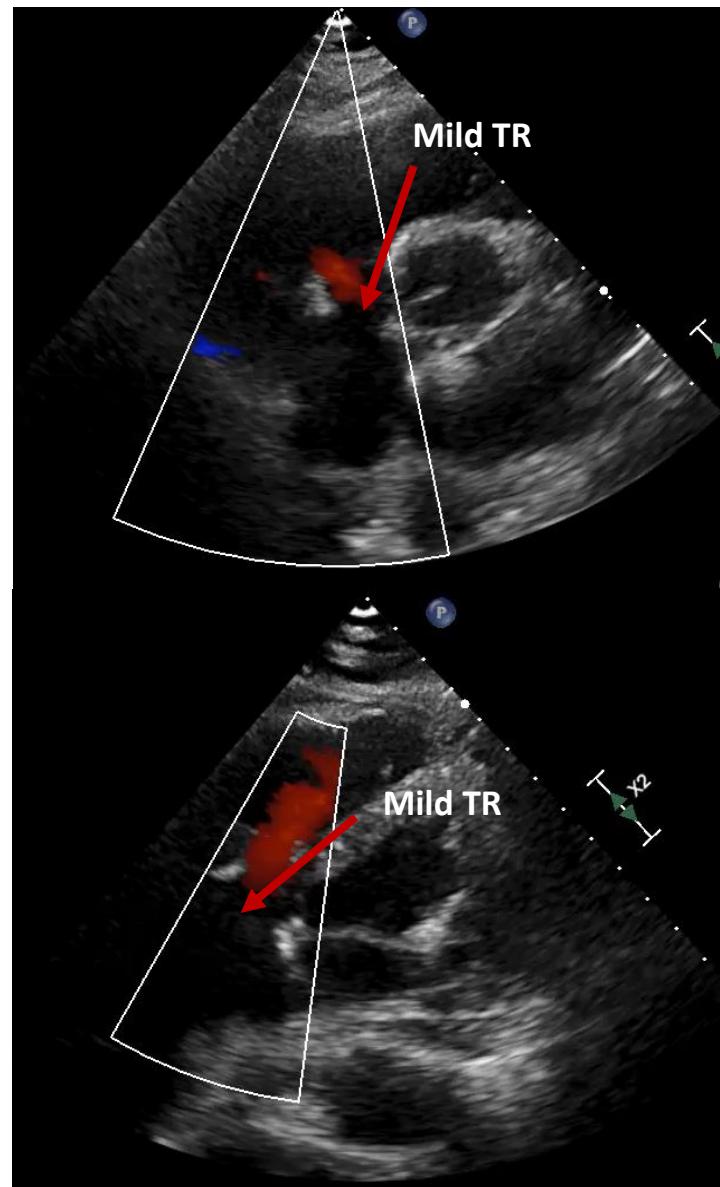
Clip deployed



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.

2021 | euro
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