Bi-valvular disease: Mitral and tricuspid regurgitation
who, how and when?

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Potential Conflicts of Interest

Speaker's name: Jörg Hausleiter

I have the following potential conflicts of interest to report:

➢ Speaker honoraria:
  Abbott Vascular, Edwards LifeSciences
The Clinical Problem: Patient Presentation

72 y old male patient
- NYHA III – IVa
- Dilative cardiomyopathy
- LV-EF: 20%
- Secondary MR 3+
  Secondary TR 3+
  Tricuspid annular dilatation
- CRT-ICD placement 07/2009
- Renal insufficiency (Crea 2.1mg%)
- COPD; chronic smoker
Mitral Edge-to-Edge Repair
Tricuspid Edge-to-Edge Repair
Tricuspid Edge-to-Edge Repair
Tricuspid Edge-to-Edge Repair

before

after

RA

at admission

at discharge

40
20
(mmHg)
6-Month Follow-Up Results

NYHA class

pre 1 mo 6 mo

6-MWT

pro-BNP

pre 1 mo 6 mo
Combined transcatheter valvular procedures: Mitral and tricuspid regurgitation

- **Who?**
  Selected symptomatic patients with severe MR and severe TR with signs of right heart failure.

- **How?**
  Edge-to-edge repair of both valves if feasible by anatomy and echocardiography; other percutaneous techniques may also work.
Combined transcatheter valvular procedures: Mitral and tricuspid regurgitation

**When?**

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<tr>
<th>Staged procedure</th>
<th>Concomitant procedure</th>
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<tr>
<td>In 50% of patients, TR improves after mitral edge-to-edge repair</td>
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<td>Long procedures (in unexperienced hands)</td>
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