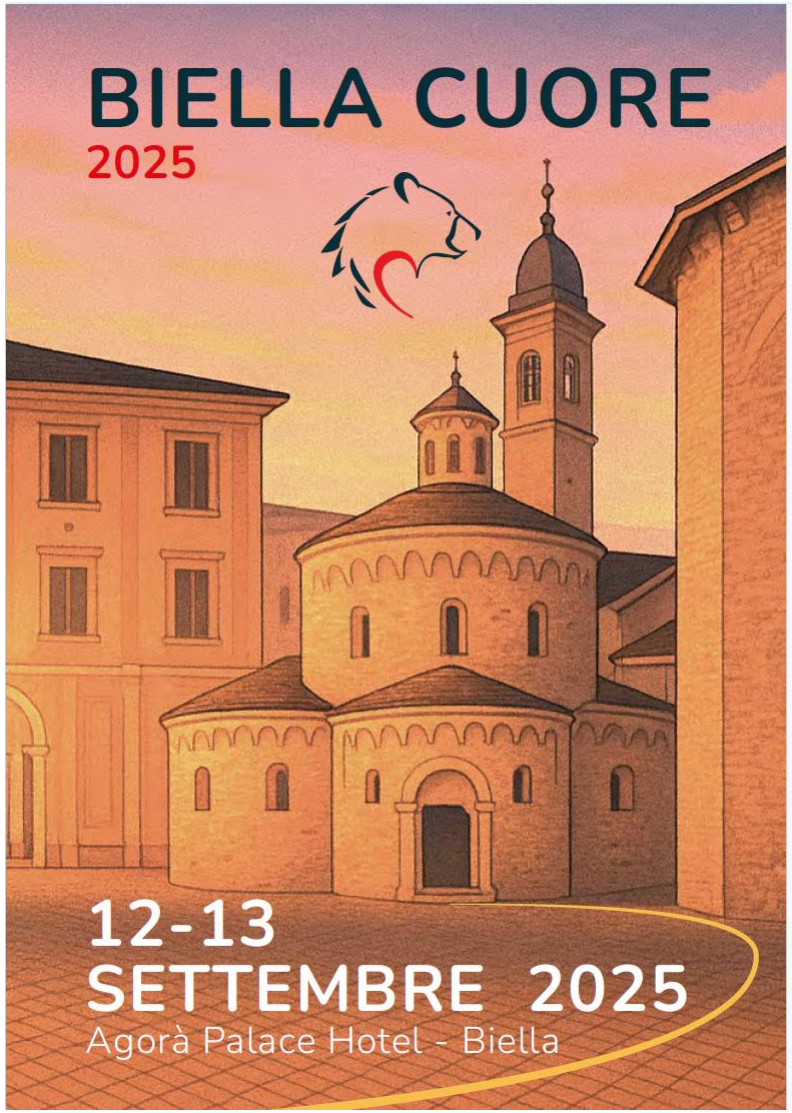


M-TEER: esperienza di real life nella pratica clinica quotidiana

Dr. Luigi Biasco, PhD

Cardiologo Interventista ASL TO 4.

Cardiologia Cirié

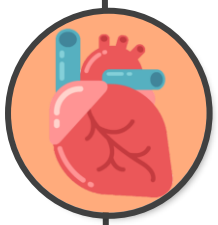
A.S.L. TO4

Azienda Sanitaria Locale di Ciriè, Chivasso e Ivrea

Clinical presentation

Male, 85 y.o.

DM II, AHT, stage IV CKD

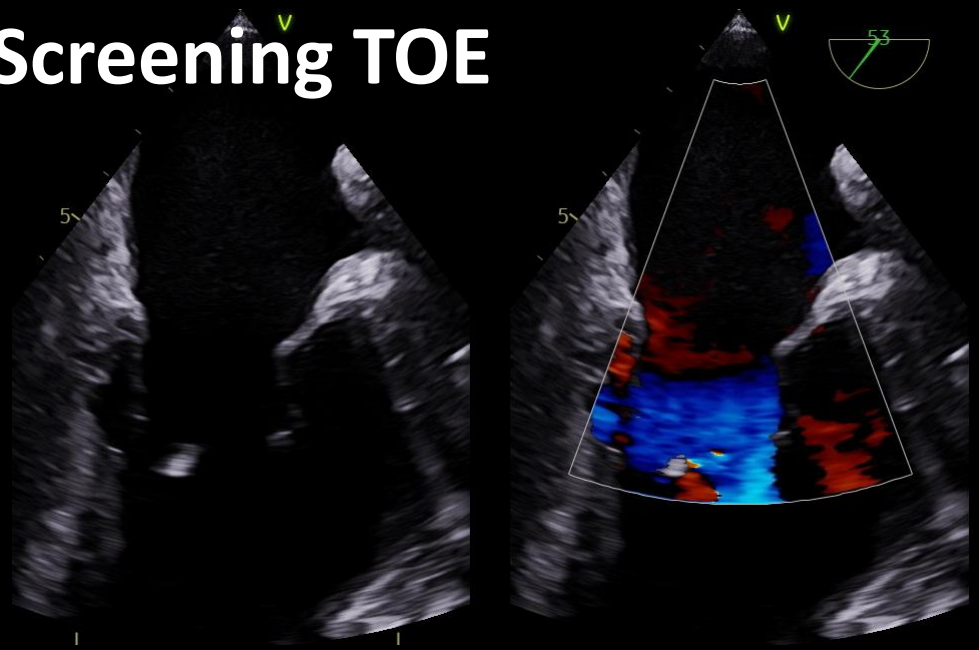


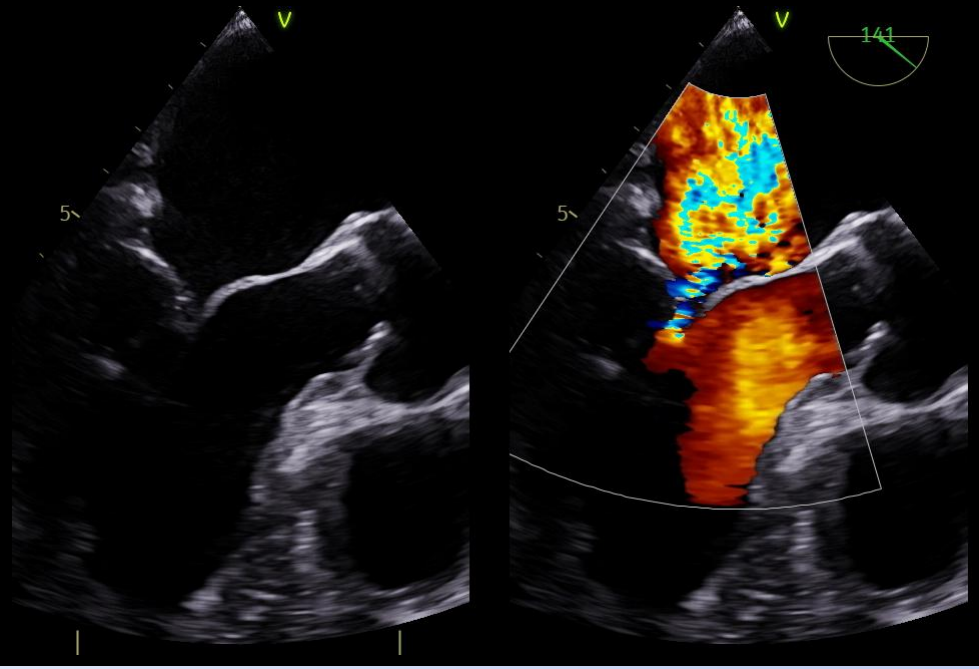
2001: CABG LIMA to LAD/ RIMA OM

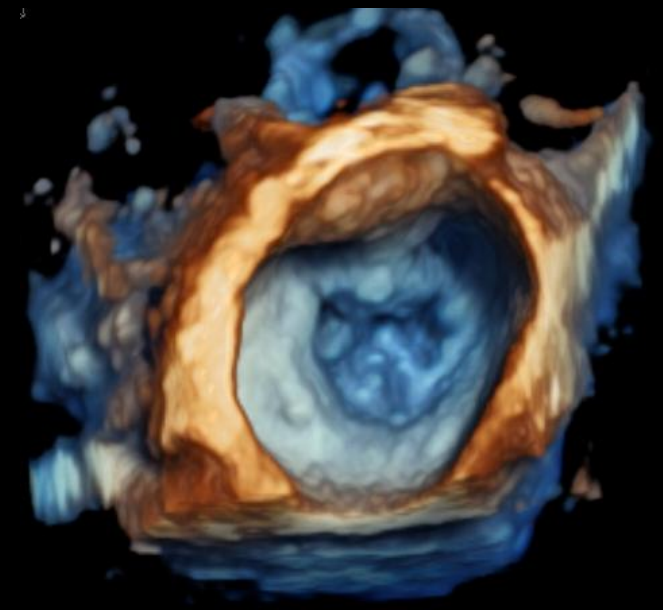
2022: PTCA LM/LAD/RCx

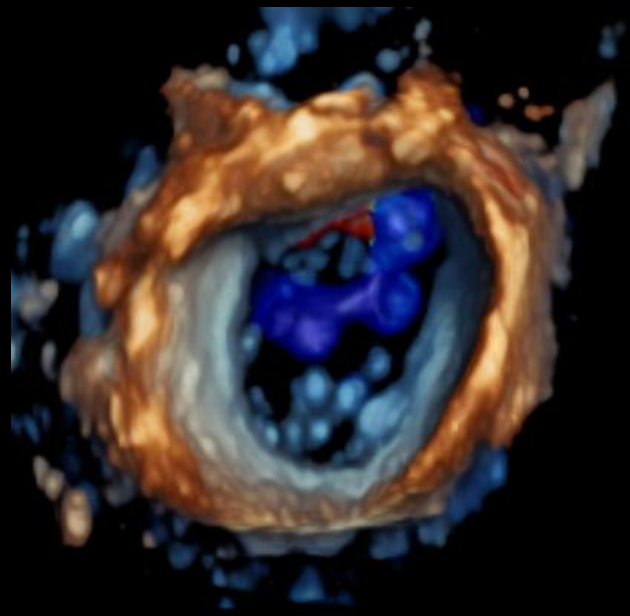
12/2024: worsening dyspnea (NYHA II-III)
TTE (other institution): LVEF 50%, **Moderate MR, medical Tx**
CAG (other institution): no progression of CAD
3/2025 : worsening effort dyspnea (NYHA III) despite furosemide 75 mg/day, MRA, BB, ACEI/ARB & SGLT2i c.i. for CKD → second opinion→ TOE

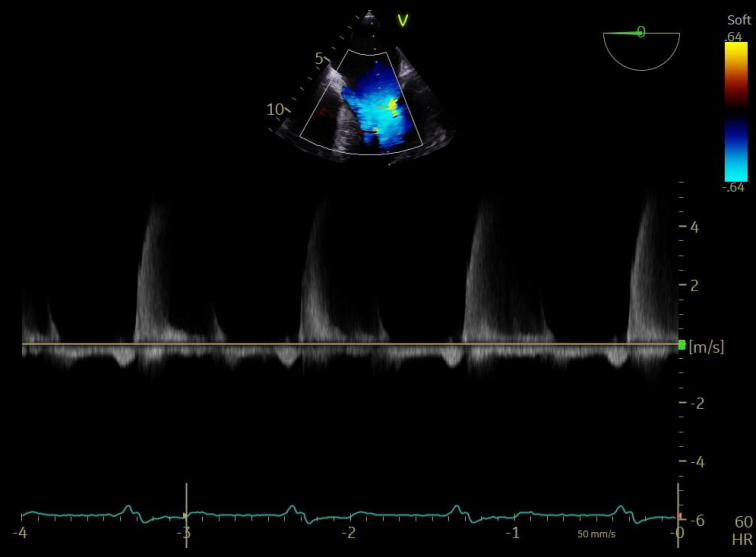
Screening TOE





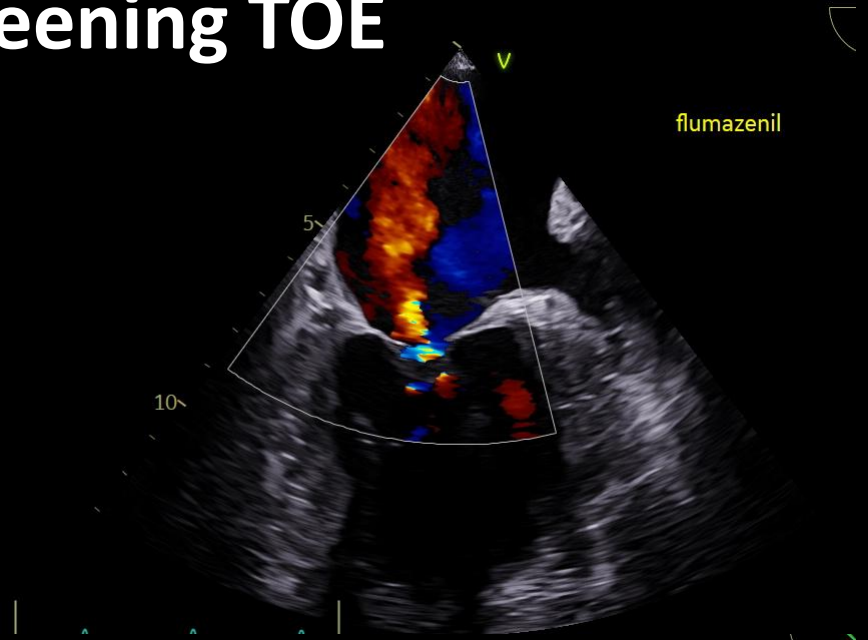


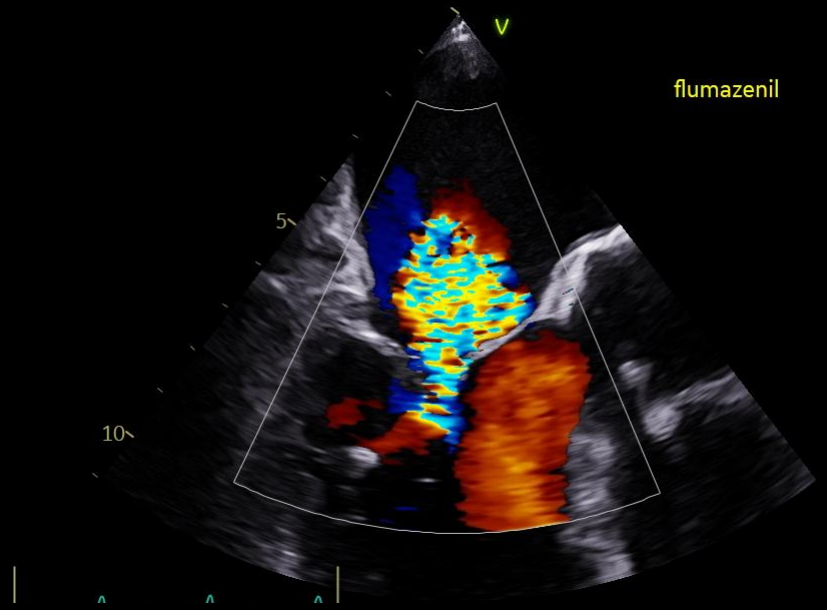


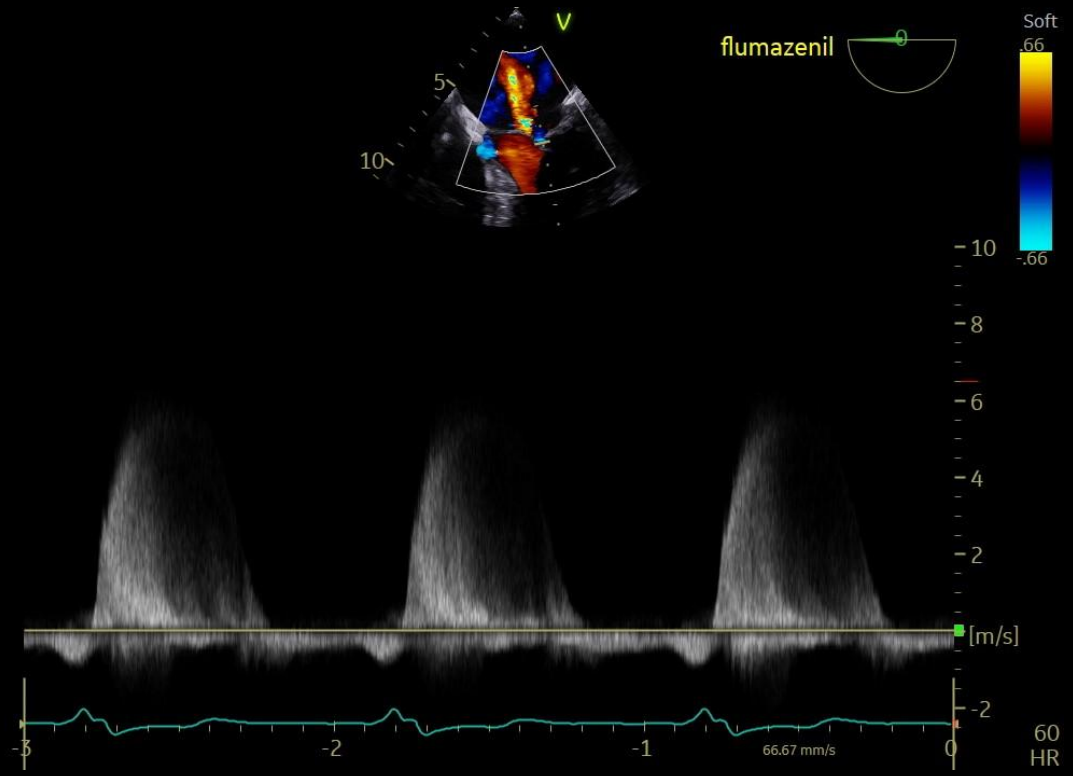


Midazolam 3 mg

Screening TOE

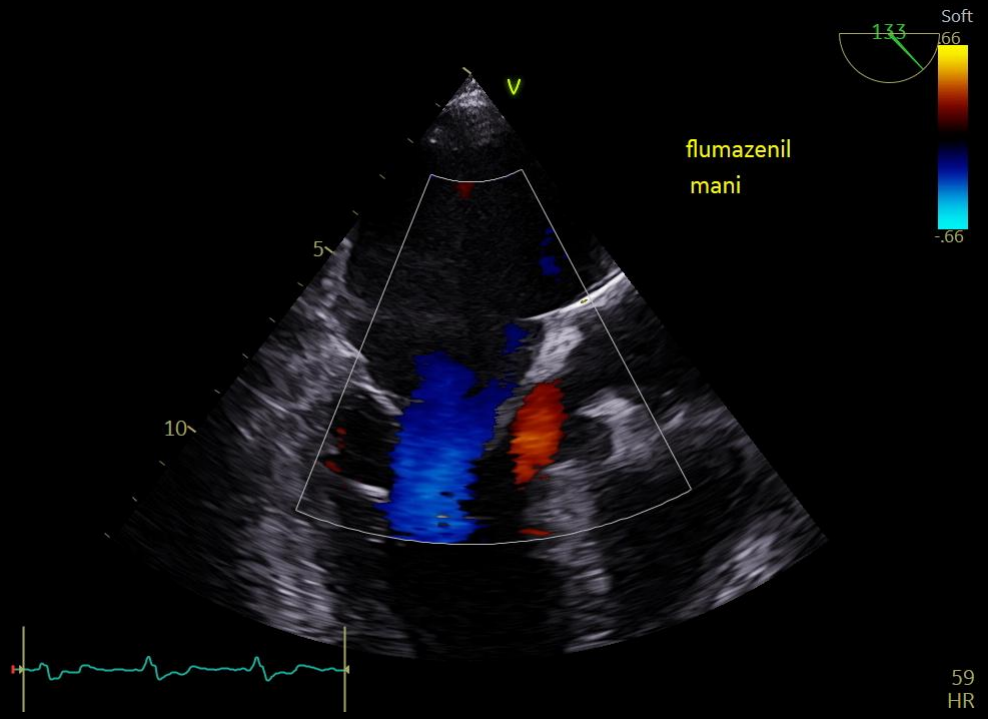


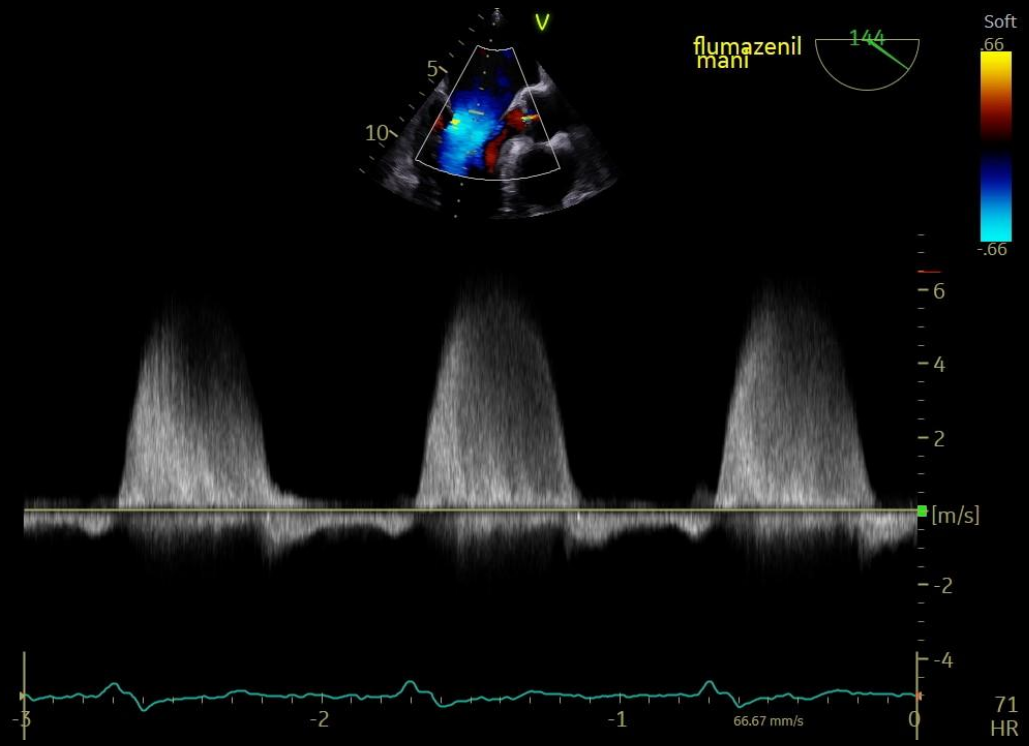




PV flow S>D

Screening TOE



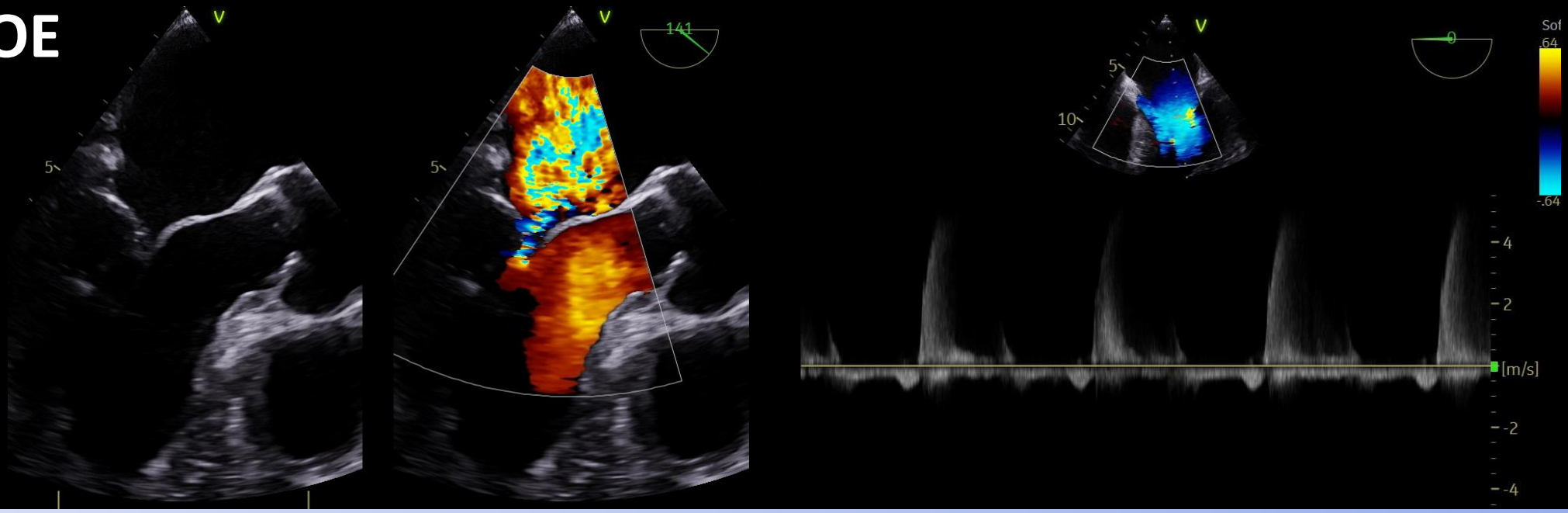


EROA:0.33 cmq

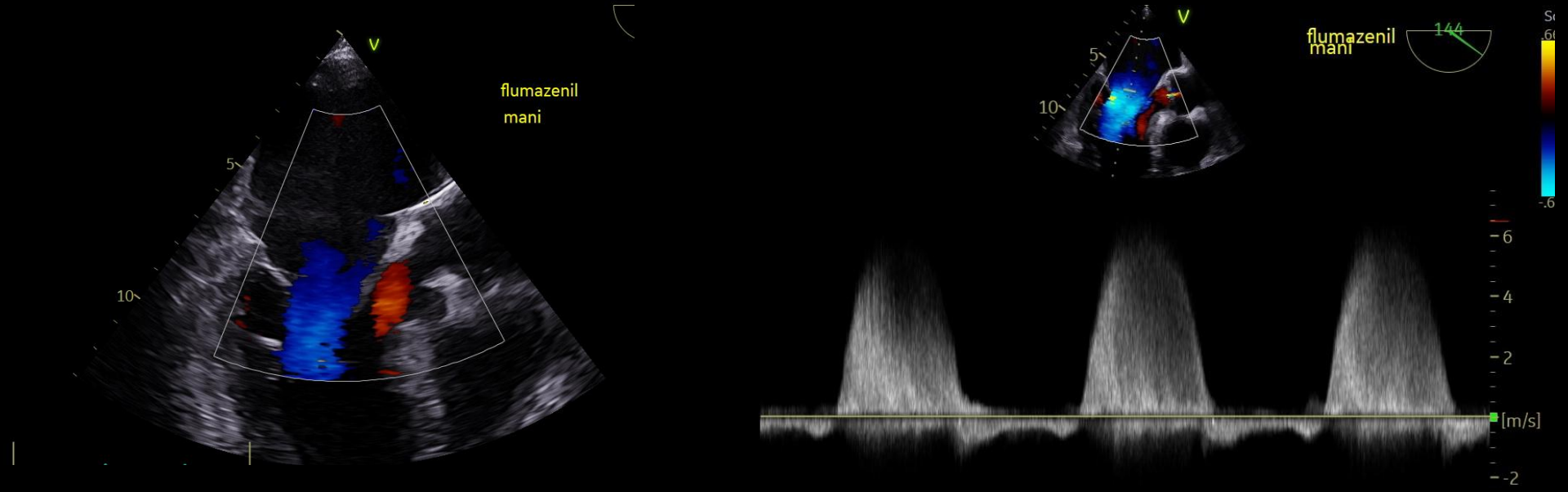
Systolic flow reversal in PV

Screening TOE

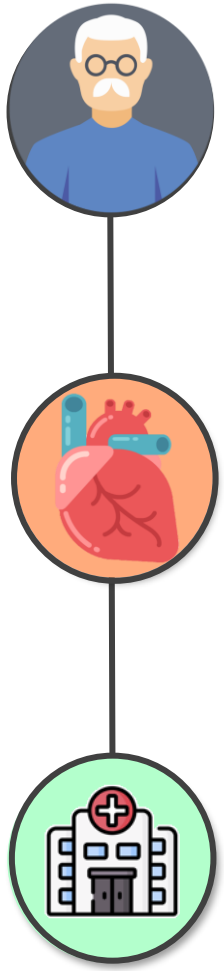
Basal



Fluma +
Hand grip

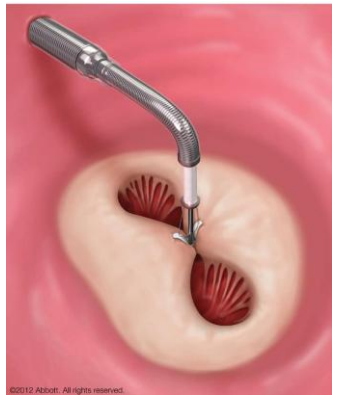


Surgical risk estimation, STS score

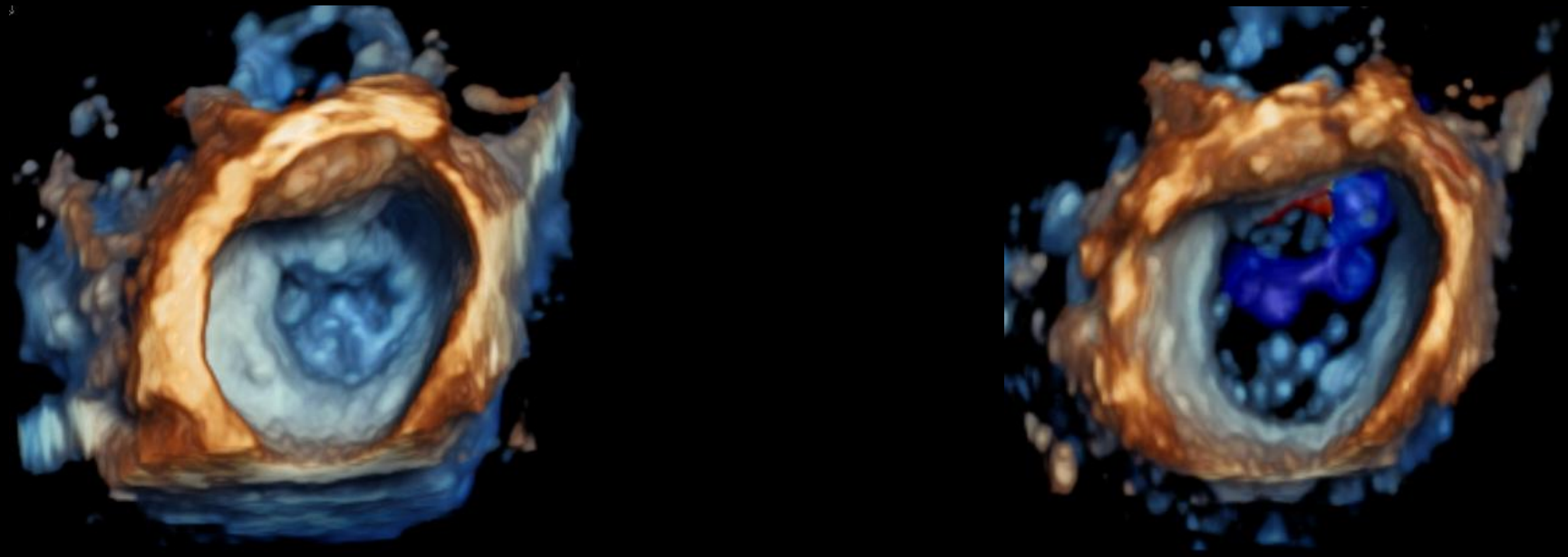


Procedure Type: Isolated MVR

PERIOPERATIVE OUTCOME	ESTIMATE %
Operative Mortality	8.39%
Morbidity & Mortality	26.6%
Stroke	2.74%
Renal Failure	8.02%
Reoperation	4.82%
Prolonged Ventilation	13.5%
Deep Sternal Wound Infection	0.124%
Long Hospital Stay (>14 days)	19.5%
Short Hospital Stay (<6 days)*	12%

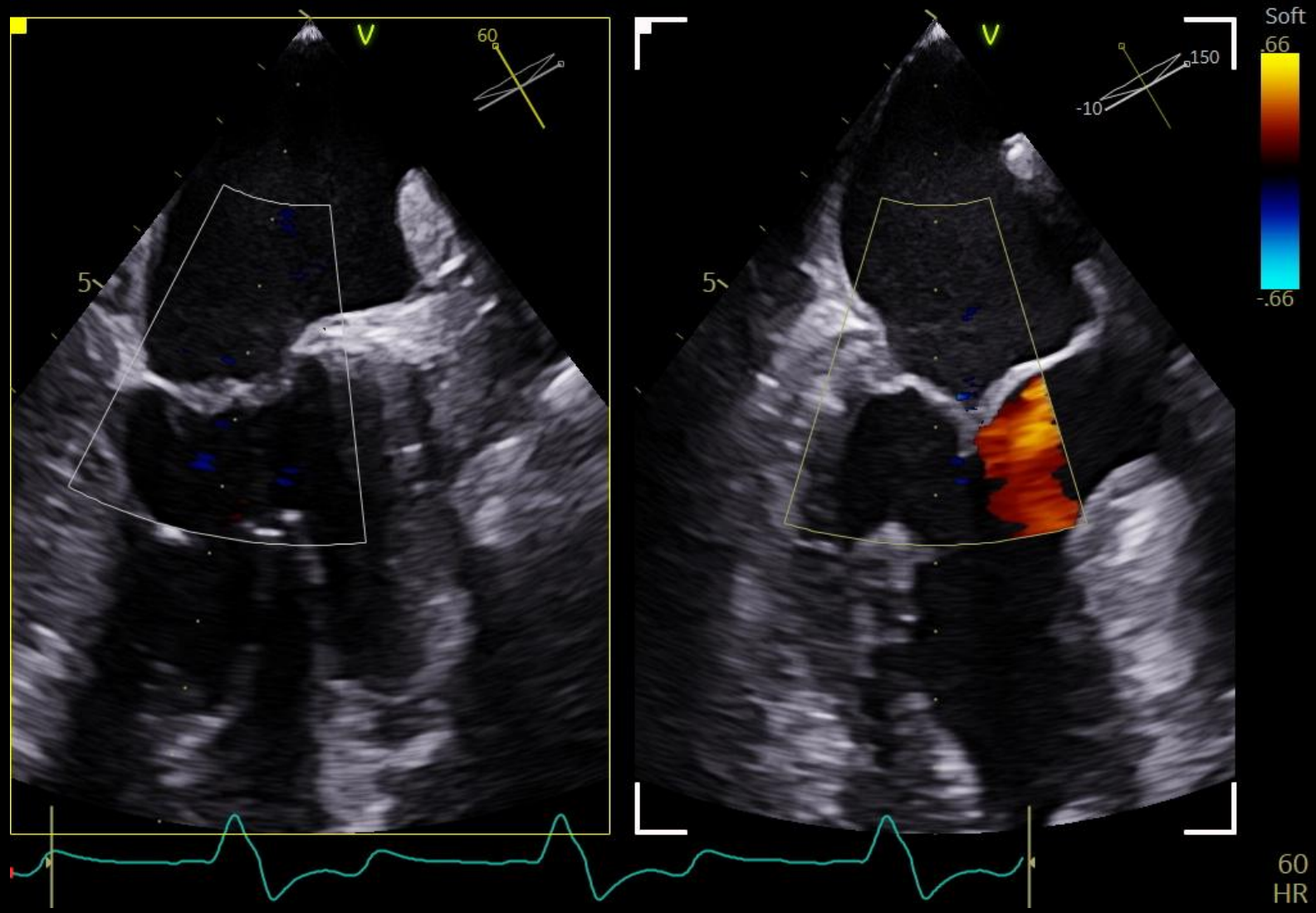


Procedural Planning



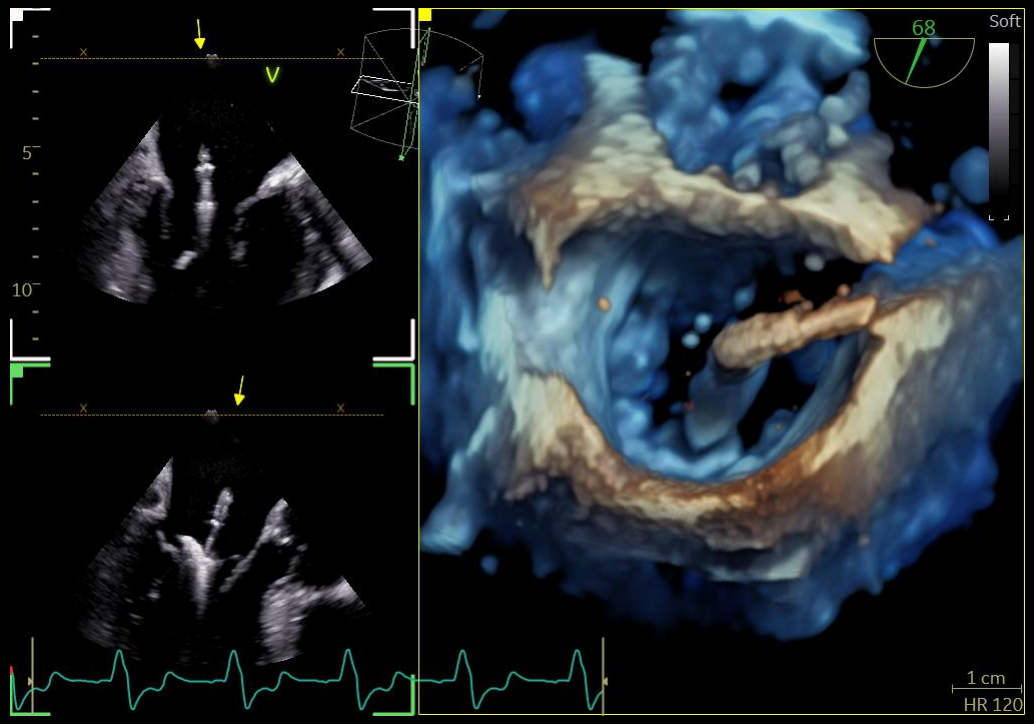
Single XTW Mitraclip on A2P2

Procedural TOE

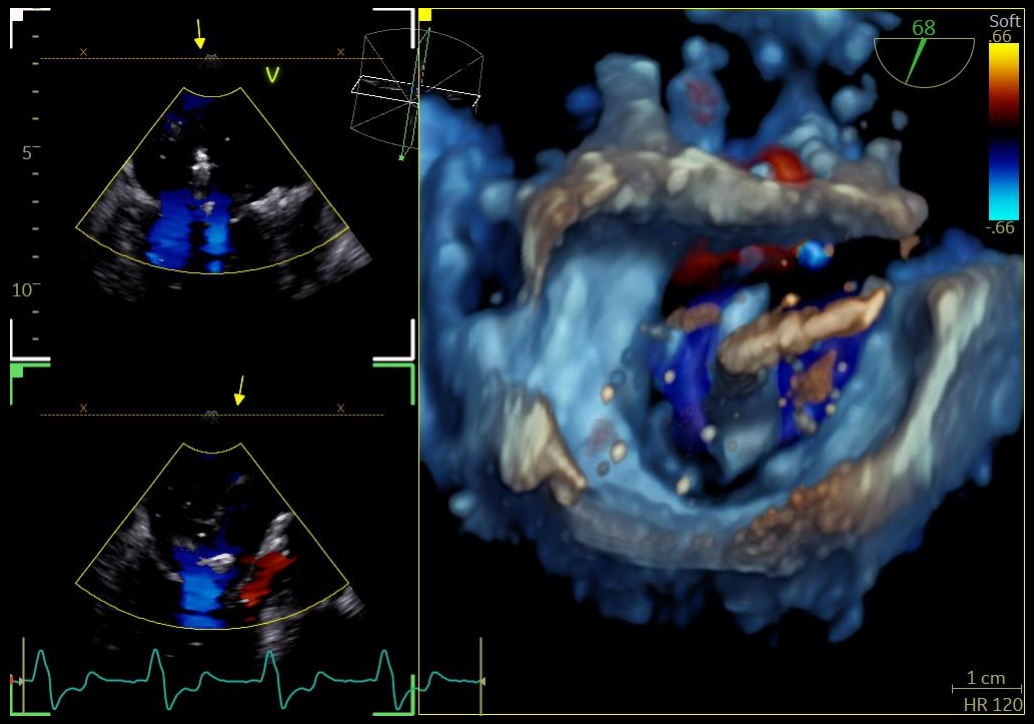


Procedural TOE

Rotation

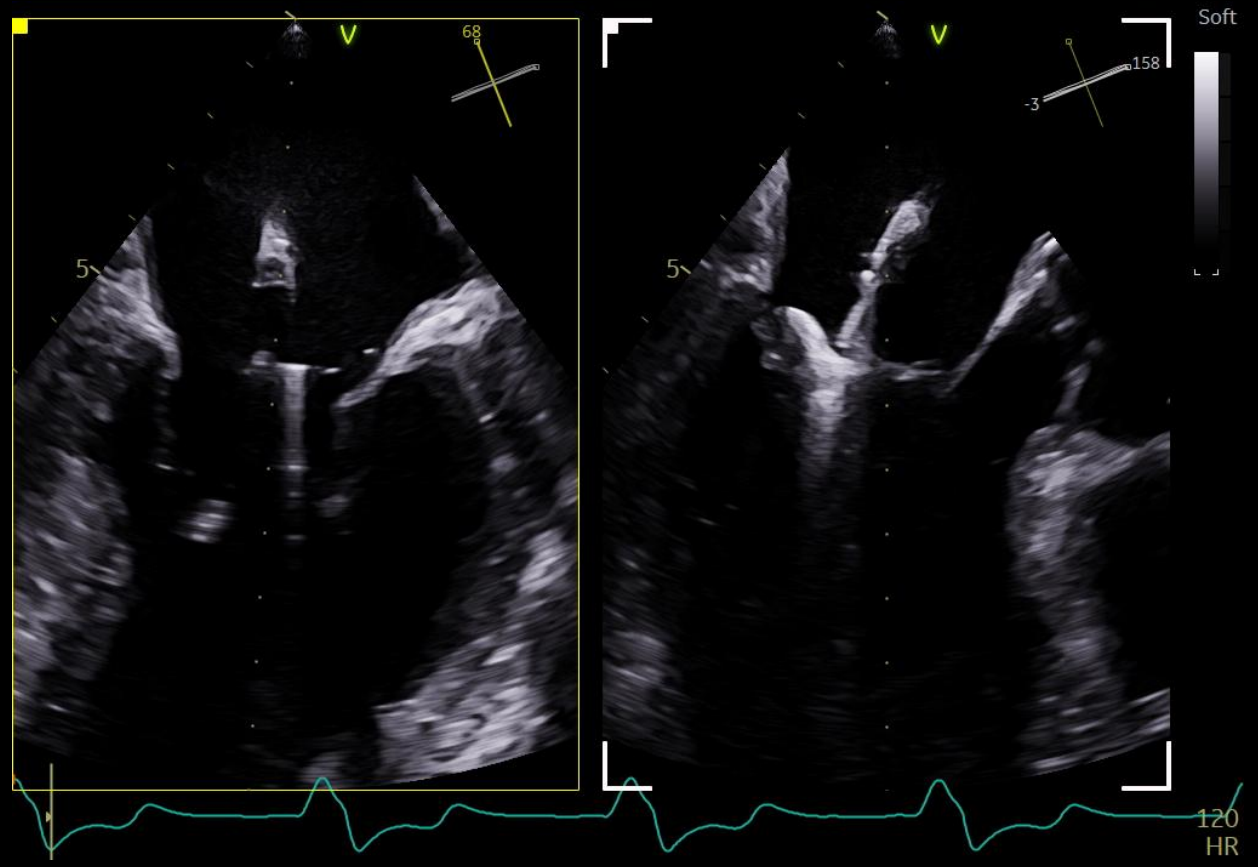


Jet splitting (NA)



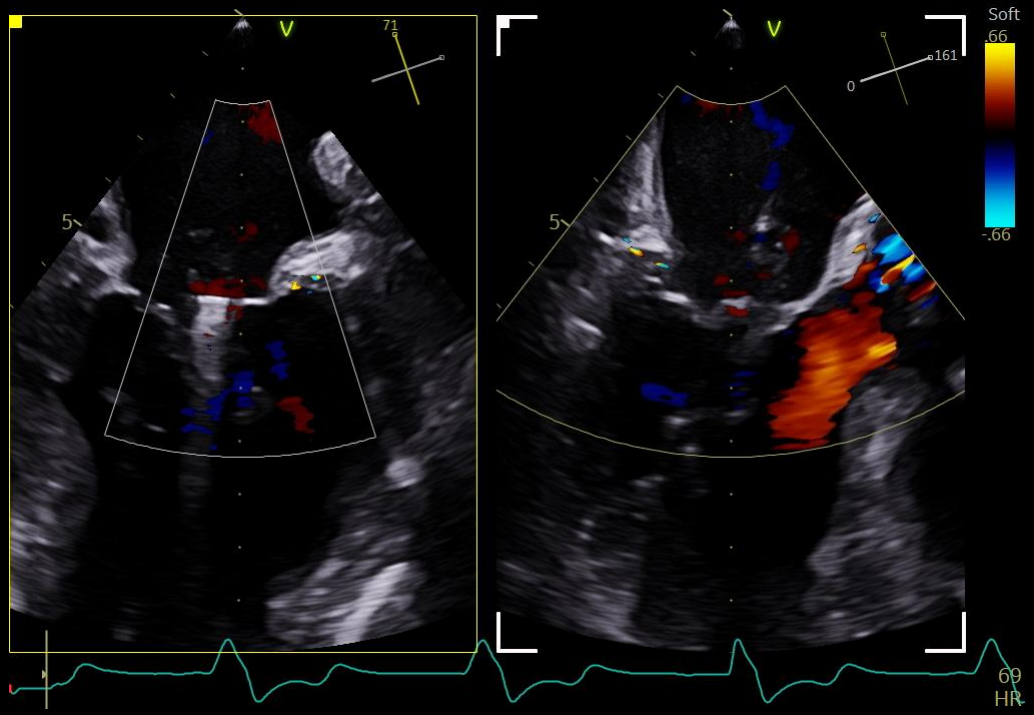
Procedural TOE

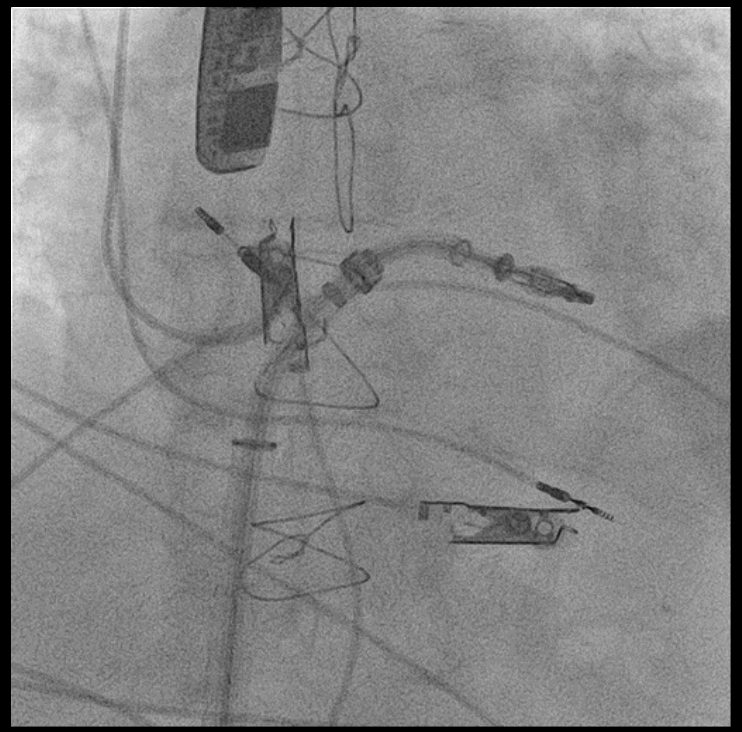
Alignment confirmation



Procedural TOE

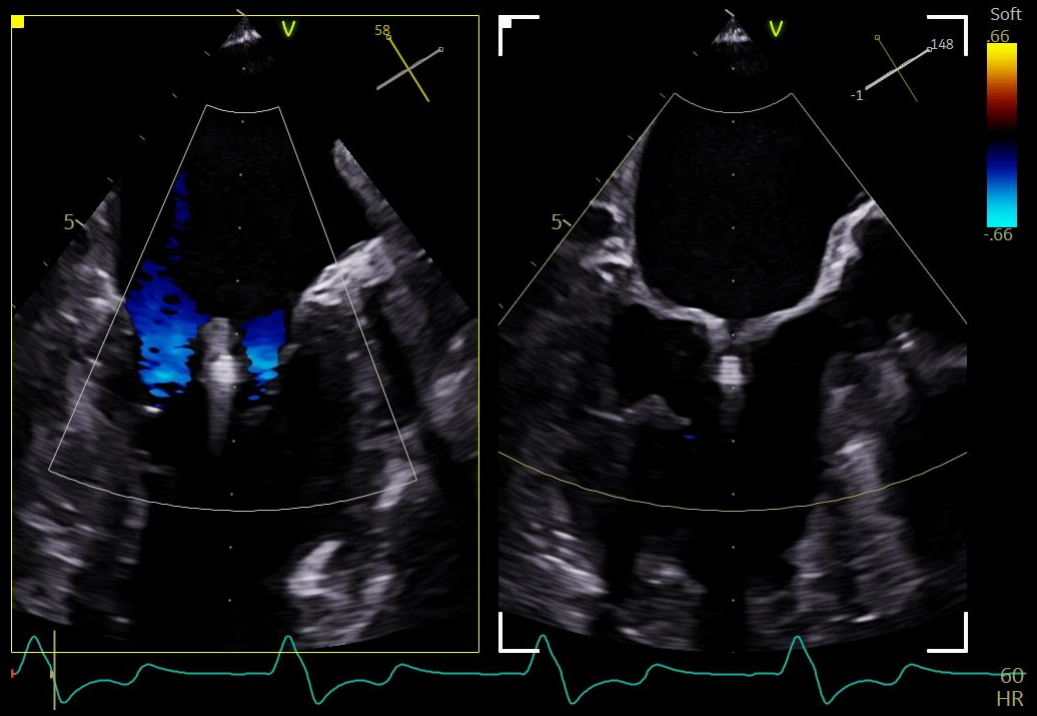
Grasping

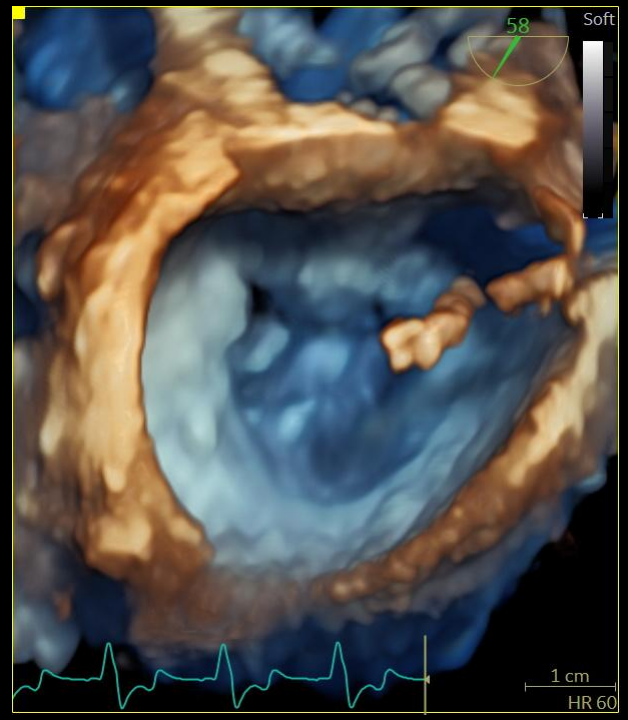




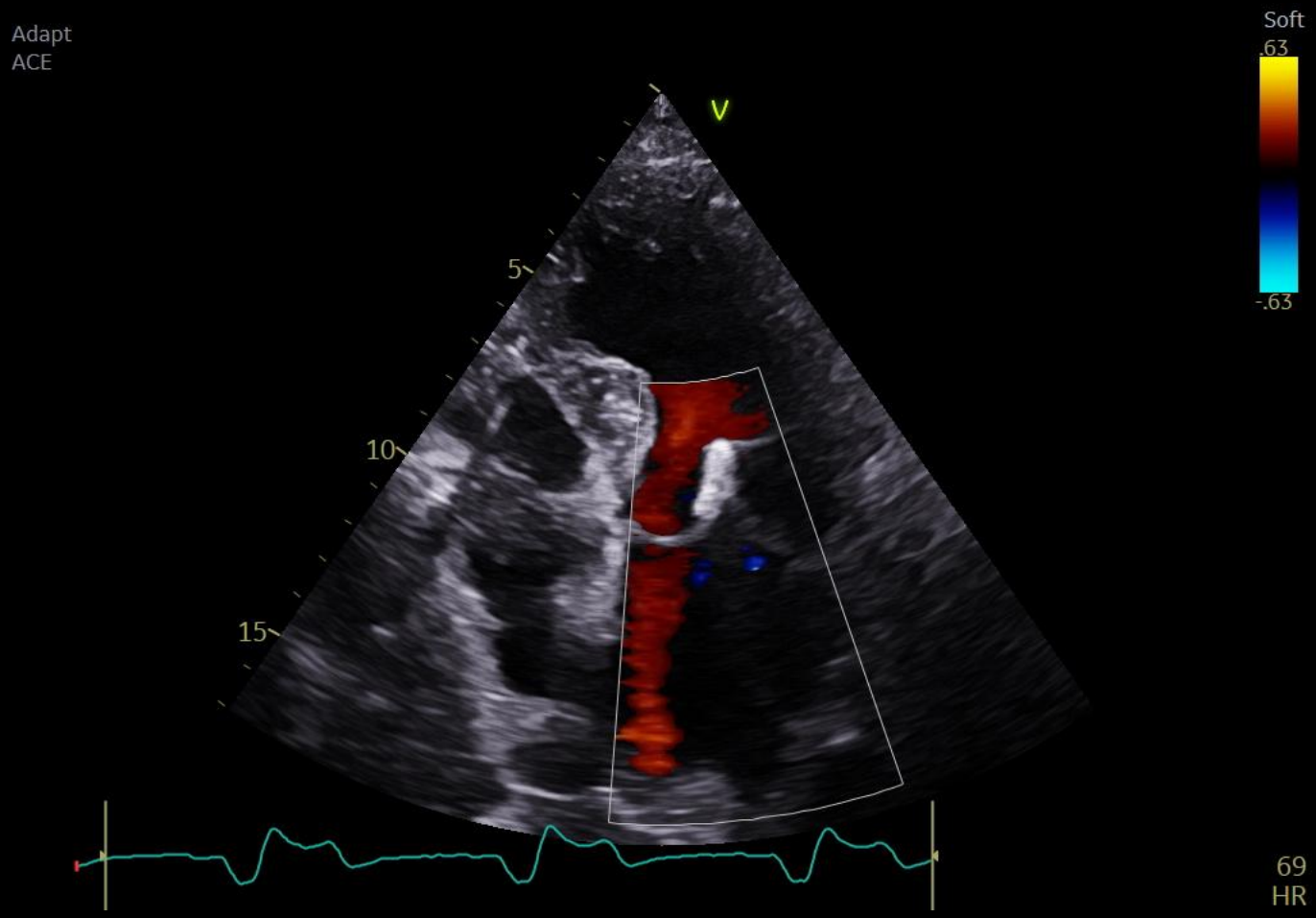
Procedural TOE

Post release NA test (PA 170/100 mmHg)





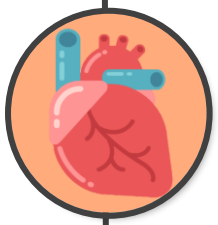
Discharge TEE



MR2+, Mean gradient 3 mmHg; MVA 2.9 cmq

Follow up, 5M

Discharged home p.o. day 2



NYHA II, significant improvement of symptoms

No intercurrent hospitalizations

Furosemide reduced to 25 mg/day

Take home messages

- FMR is dynamic
- When symptoms do not match echo… think hemodynamic
- In FMR MTEER acts as an annulus stabilizer limiting annular dilatation and thus (F)MR dynamicity
- Irrespective from prognostic impact (COAPT vs MITRAFR) resolution of symptoms, prevention of recurrent HF hospitalization in elderly is a target of M-TEER (ESC 2025 recommendation IA)