



MitraClip

Transcatheter Mitral Valve Repair

LIVING  VS. SURVIVING

**TTE POCKET GUIDE
MITRAL
REGURGITATION**



SCREENING QUESTIONS FOR PATIENT SELECTION FOR MITRACLIP THERAPY

- 1 how big is the leakage of the mitral valve?
- 2 where is the leakage (jet origin and direction)?
- 3 what is the mechanism of the MR - functional / degenerative?
- 4 any relevant characteristics?

Doing a stress echo is recommended:

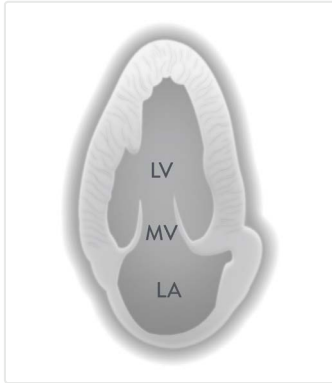
- specifies the MR grade
- can reveal real severe MR
- can reveal severe comorbidities (pulmonary high pressure)

APICAL 2-, 3- AND 4 CHAMBER VIEW



4 CHAMBER VIEW

- LV and LA volume (regular, enlarged)
Bi-Plane, MOD



2 CHAMBER VIEW

- jet origin
- etiology of MR (functional/degenerative)



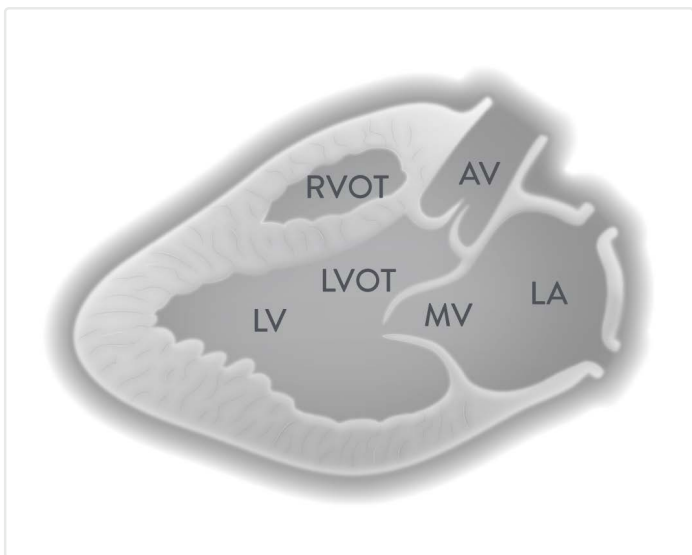
3 CHAMBER VIEW

- etiology (functional/degenerative)



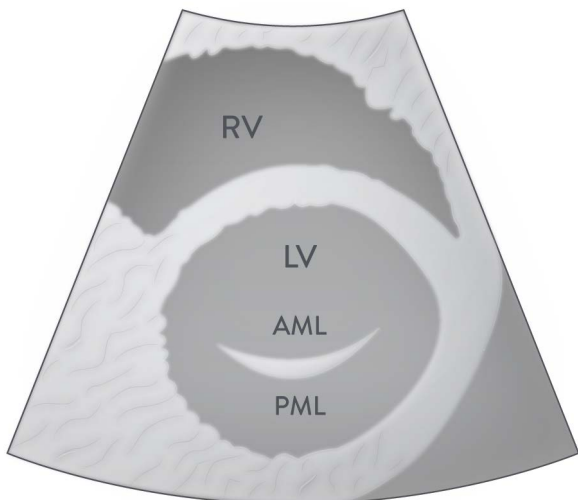
PARASTERNAL LONG AXIS

- LV volume, M Mode
- mechanism of MR



PARASTERNAL SHORT AXIS (MITRAL VALVE PLANE)

- jet origin, color
- planimetric opening area of the mitral valve / EROA (effective regurgitant orifice area)



MITRAL REGURGITATION SCORING SYSTEM

MR SEVERITY SCORE

		DIAGNOSTIC ACCURACY		
JET SIZE		< 4,0 cm ² < 20 % LA	4,0 – 8,0 cm ² 20 – 40 % LA	> 8,0 cm ² > 40 % LA
JET DIRECTION		Central	1	Eccentric
LA SIZE		≤ 4,0 cm ≤ 36 ml/m ²	1	> 4,0 cm > 36 ml/m ²
VENA CONTRACTA WIDTH		< 0,3 cm	1	0,3 – 0,69 cm
				3
				5
				or Bi-Plane average ≥ 0,8
				MR GRADE
SCORE		I	(I – II)	II
				(II – III)
				III
MR GRADE		4 – 5	6	7 – 8
				9
				10 – 12

Thomas Buck & Björn Plicht, Real-Time Three-Dimensional Echocardiographic Assessment of Severity of Mitral Regurgitation Using Proximal Isovelocity Surface Area and Vena Contracta Area Method. Lessons We Learned and Clinical Implications, Curr Cardiovasc Imaging Rep (2015), DOI 10.1007/s12410-015-9356-7

JET EVALUATION IN TTE

1. JET SIZE

apical 4 ch view



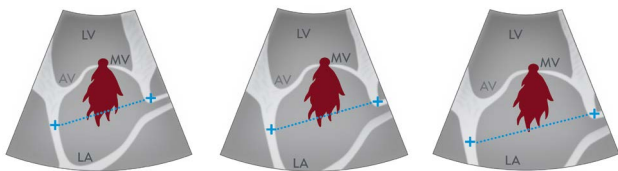
2. JET DIRECTION

apical 4 ch view



3. LA SIZE

apical 4 ch view

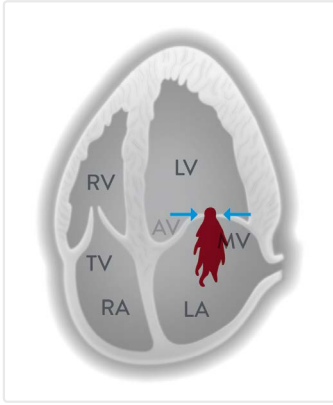


4. JET WIDTH (VENA CONTRACTA)

apical 4 ch view and apical 2 ch view

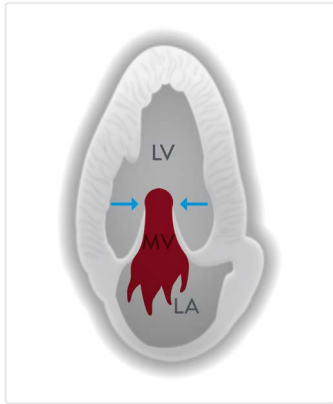


VENA CONTRACTA



4 CH VIEW

- narrowest area with highest speed
- regularly in apical 3- or 4 ch view, for FMR Bi-Plane evaluation of VC recommended
- within 3-7mm another parameter is needed according to guidelines



2 CH VIEW

- mean of 2- and 4 ch views, $\geq 8\text{mm}$ severe

Calculation $(A+B) / 2 \geq 8\text{mm}$ severe

NEW THERAPY OPTIONS FOR MR

INFORMATION ABOUT EVENTS AND
EXPERT VIDEOS:

 ADVANCEDHEARTTHERAPIES.COM



Safety and effectiveness of the MitraClip device have not been established in pediatric patients.

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