Abstract: P186

Percutaneous mitral valve repair with MitraClip system in a patient with severe mitral regurgitation and hypertrophic cardiomyopathy: a case report

Authors:
G Palmiero¹, L Ascione¹, E Melillo¹, A Ferro², R Ascione¹, I Monteforte¹, V Monda¹, P Caso¹, G Bonzani¹
AO dei Colli-Monaldi Hospital, Department of Cardiology - Naples - Italy, ²Institute of Biostructure and Bioimages of National Council of Research - Naples - Italy,

Topic(s):
Intraoperative and Interventional Echocardiography

Citation:
European Heart Journal - Cardiovascular Imaging (2019) 20 (Supplement 1), i77

INTRODUCTION. Percutaneous mitral valve repair (PMVR) with MitraClip system has been proposed in the last years as an alternative measure to surgical valve repair or replacement in high-risk patients. PMVR has been described as an alternative to surgical procedures in patients with hypertrophic obstructive cardiomyopathy (HOCM) in some case series. We describe our first experience of PMVR in a patients with severe mitral regurgitation and a non-obstructive form of hypertrophic cardiomyopathy (HCM).

HISTORY. A 73-years-old man was admitted in our emergency department due to recurrent episodes of dyspnoea. He had a previous history of non-obstructive HCM, sick sinus syndrome treated with dual-chambers pacing, chronic kidney disease and chronic obstructive pulmonary disease. A transthoracic echocardiogram was performed in the emergency room and showed a significant mitral regurgitation. The patient was then referred to our Department to perform a transesophageal echocardiogram, which showed a severe functional mitral regurgitation due to a malcoaption of mitral leaflet secondary to left ventricular remodelling. After the Heart Team discussion, due to the patient's surgical high-risk profile, a catheter-based mitral valve repair was proposed. The PMVR was performed with two clips implantation in central position and terminated without complications and with a trivial residual mitral regurgitation. At six-months follow-up the excellent procedural result was confirmed with significant improvement in patient's quality of life.

DISCUSSION. Our case report demonstrates feasibility and safety of MitraClip implantation in non-obstructive HCM patients with significant mitral regurgitation. This represents at the time the first PMVR performed in this setting to be described in literature and confirms to be a promising option form symptomatic high risk patients.
Percutaneous mitral valve repair with MitraClip system in a patient with severe mitral regurgitation and hypertrophic cardiomyopathy: a case report

Authors: G Palmiero 1, L Ascione 1, E Melillo 1, A Ferro 2, R Ascione 1, I Monteforte 1, V Monda 1, P Caso 1, G Bonzani 1

AO dei Colli-Monaldi Hospital, Department of Cardiology – Naples – Italy, 2 Institute of Biostructure and Bioimages of National Council of Research – Naples – Italy.

INTRODUCTION. Percutaneous mitral valve repair (PMVR) with MitraClip system has been proposed in the last years as an alternative measure to surgical valve repair or replacement in high-risk patients. PMVR has been described as an alternative to surgical procedures in patients with hypertrophic obstructive cardiomyopathy (HOCM) in some case series. We describe our first experience of PMVR in a patient with severe mitral regurgitation and a non-obstructive form of hypertrophic cardiomyopathy (HCM).

HISTORY. A 73-years-old man was admitted in our emergency department due to recurrent episodes of dyspnoea. He had a previous history of non-obstructive HCM, sick sinus syndrome treated with dual-chambers pacing, chronic kidney disease and chronic obstructive pulmonary disease. A transthoracic echocardiogram was performed in the emergency room and showed a significant mitral regurgitation. The patient was then referred to our Department to perform a transesophageal echocardiogram, which showed a severe functional mitral regurgitation due to a malcoaption of mitral leaflet secondary to left ventricular remodelling. After the Heart Team discussion, due to the patient's surgical high-risk profile, a catheter-based mitral valve repair was proposed. The PMVR was performed with two clips implantation in central position and terminated without complications and with a trivial residual mitral regurgitation. At six-months follow-up the excellent procedural result was confirmed with significant improvement in patient's quality of life.

DISCUSSION. Our case report demonstrates feasibility and safety of MitraClip implantation in non-obstructive HCM patients with significant mitral regurgitation. This represents at the time the first PMVR performed in this setting to be described in literature and confirms to be a promising option for symptomatic high risk patients.