

# JAK SPRÁVNĚ VYŠETŘIT PACIENTA PŘED KATETRIZAČNÍM VÝKONEM NA MITRÁLNÍ CHLOPNI?



**FN MOTOL**

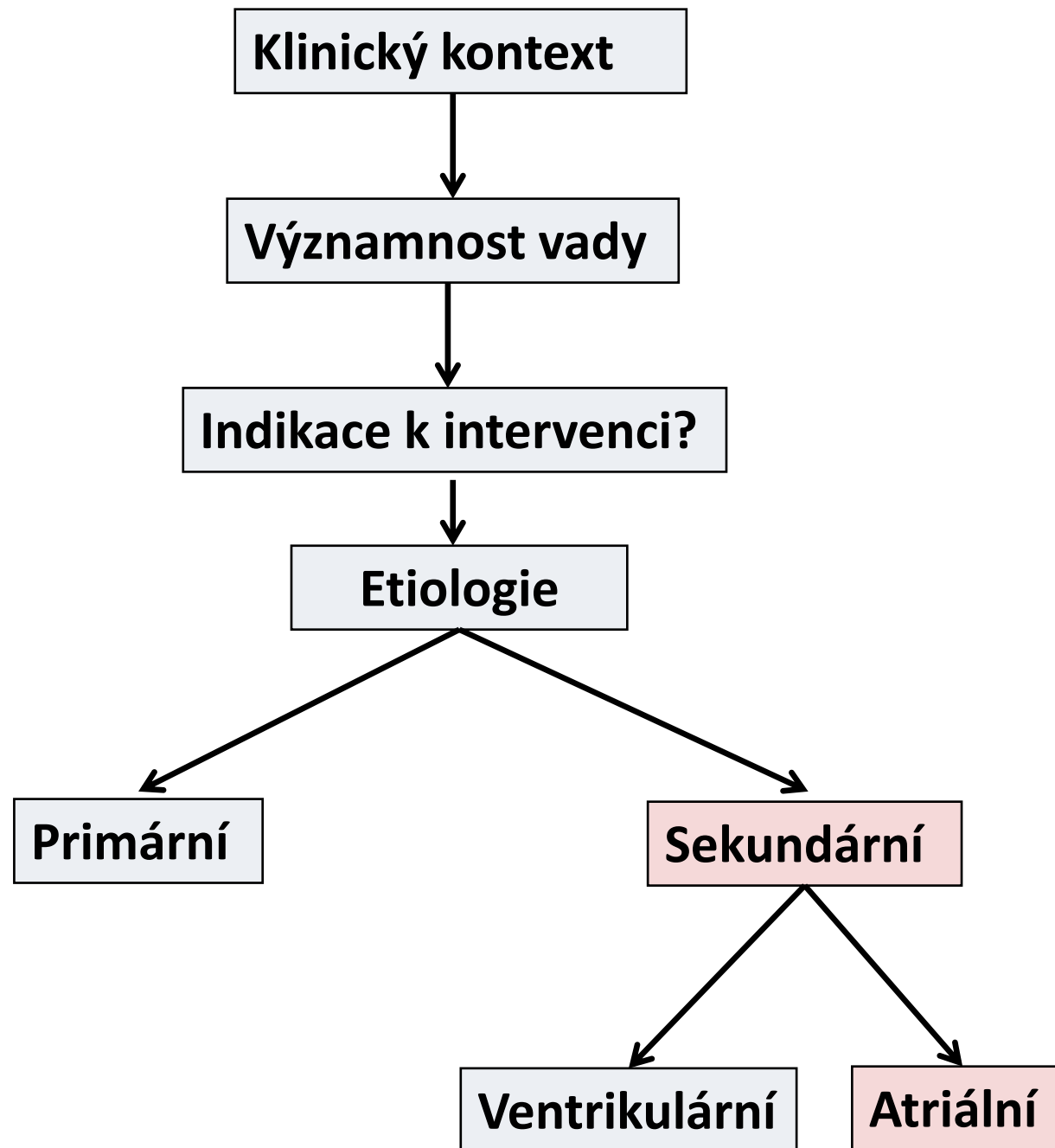


**KARDIOLOGICKÁ  
KLINIKA**



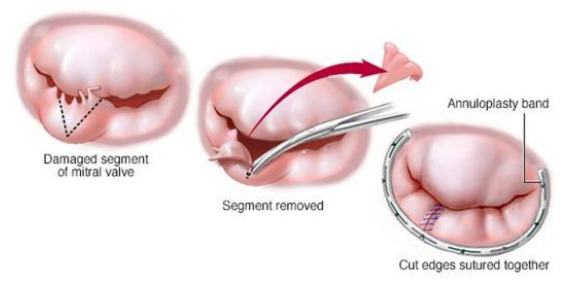
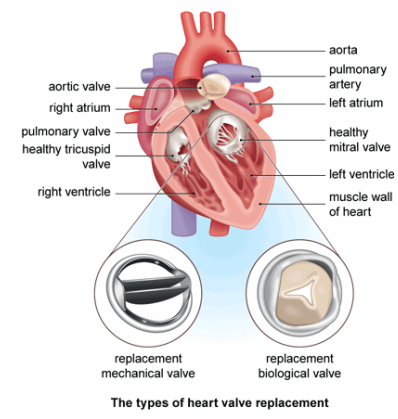
**2. LF UK**

Martin Horváth



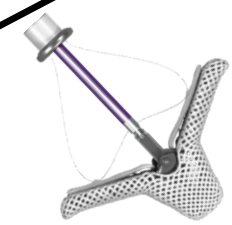
**Operace**

**Intervence**

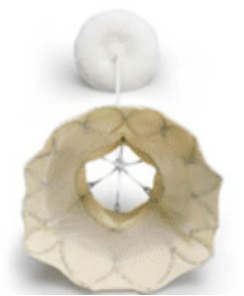


**Anatomická vhodnost**

**TEER**

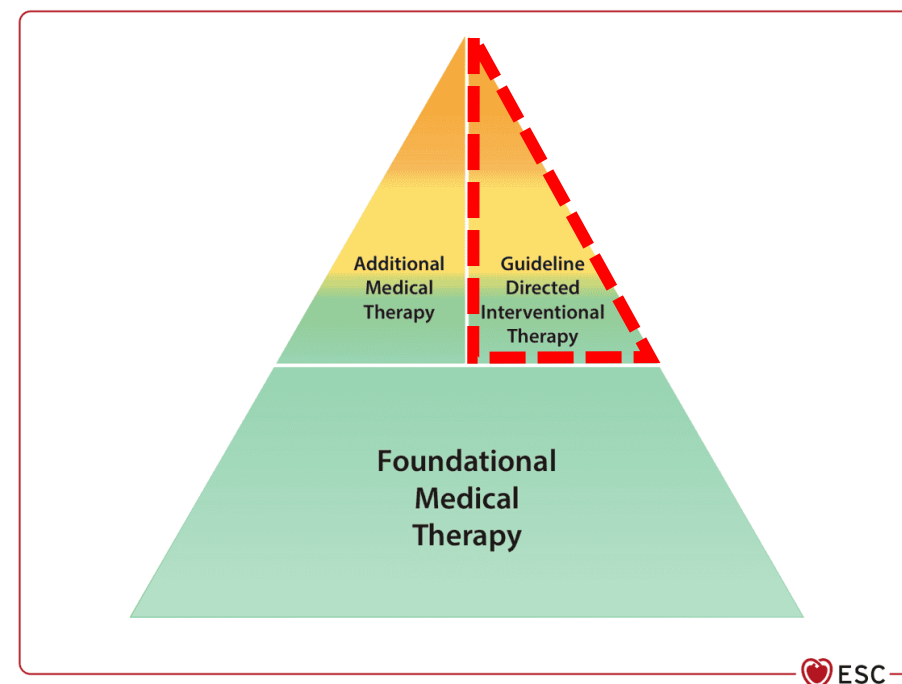


**TMVI**



Patient with severe primary mitral regurgitation

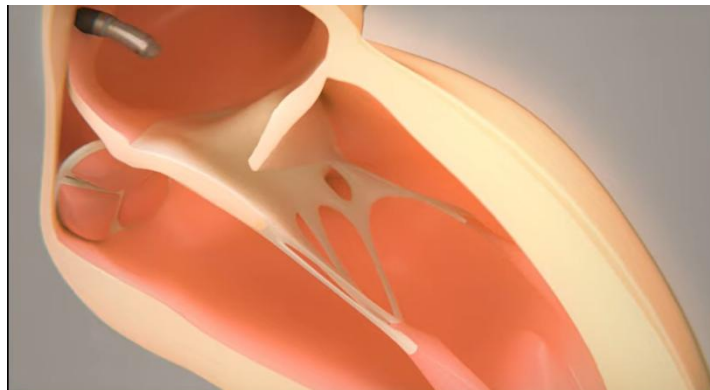
Patient with severe **symptomatic** SMR without concomitant CAD



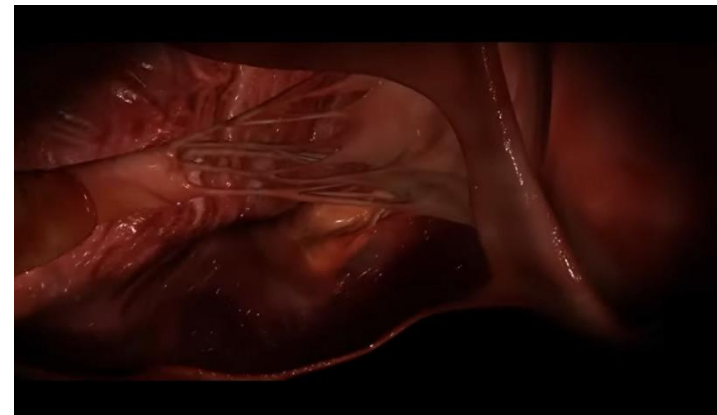
## TEER- MitraClip



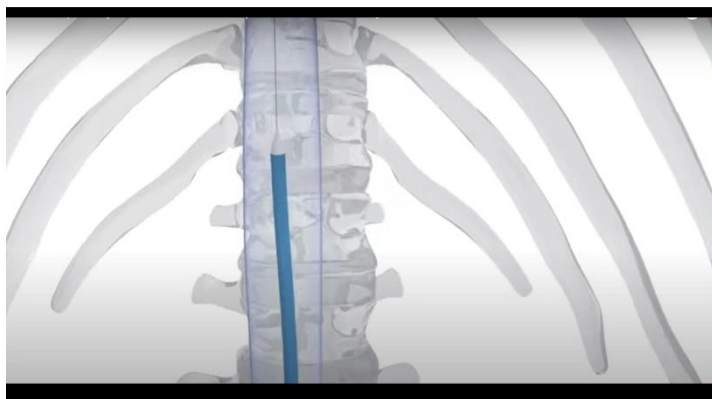
## Neochordy



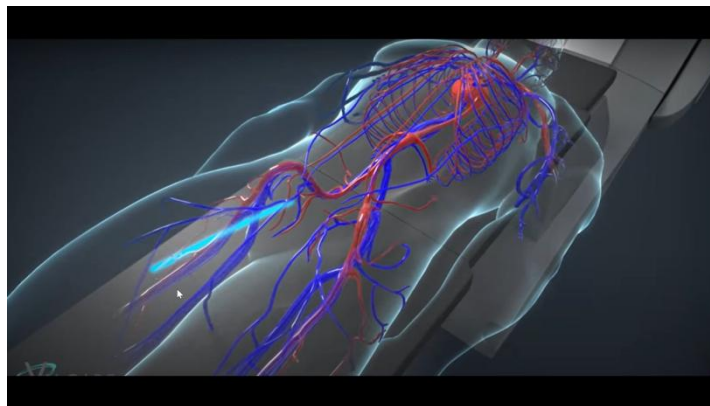
## Biologická náhrada



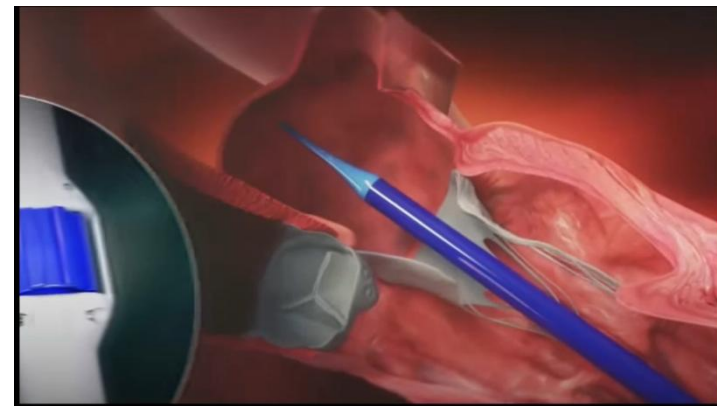
## TEER- PASCAL



## Anuloplastický ring



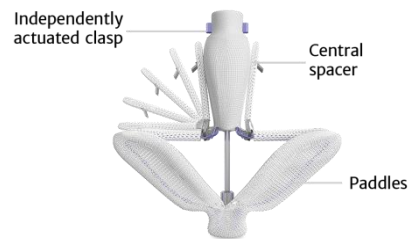
## Biologická náhrada



## Plastika



NeoChord  
(Neochord inc.)



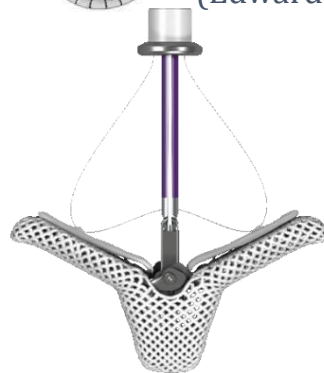
Pascal  
(Edwards)



Carillon (Cardiac dimensions)

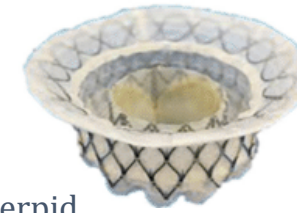


Cardioband  
(Edwards)



MitraClip  
(Abbott)

## Náhrada



Interpid  
(Medtronic)



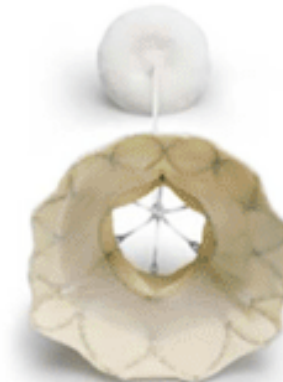
Tiara  
(Neovasc)



Sapien M3  
(Edwards)



Evoque TMVR  
(Edwards)

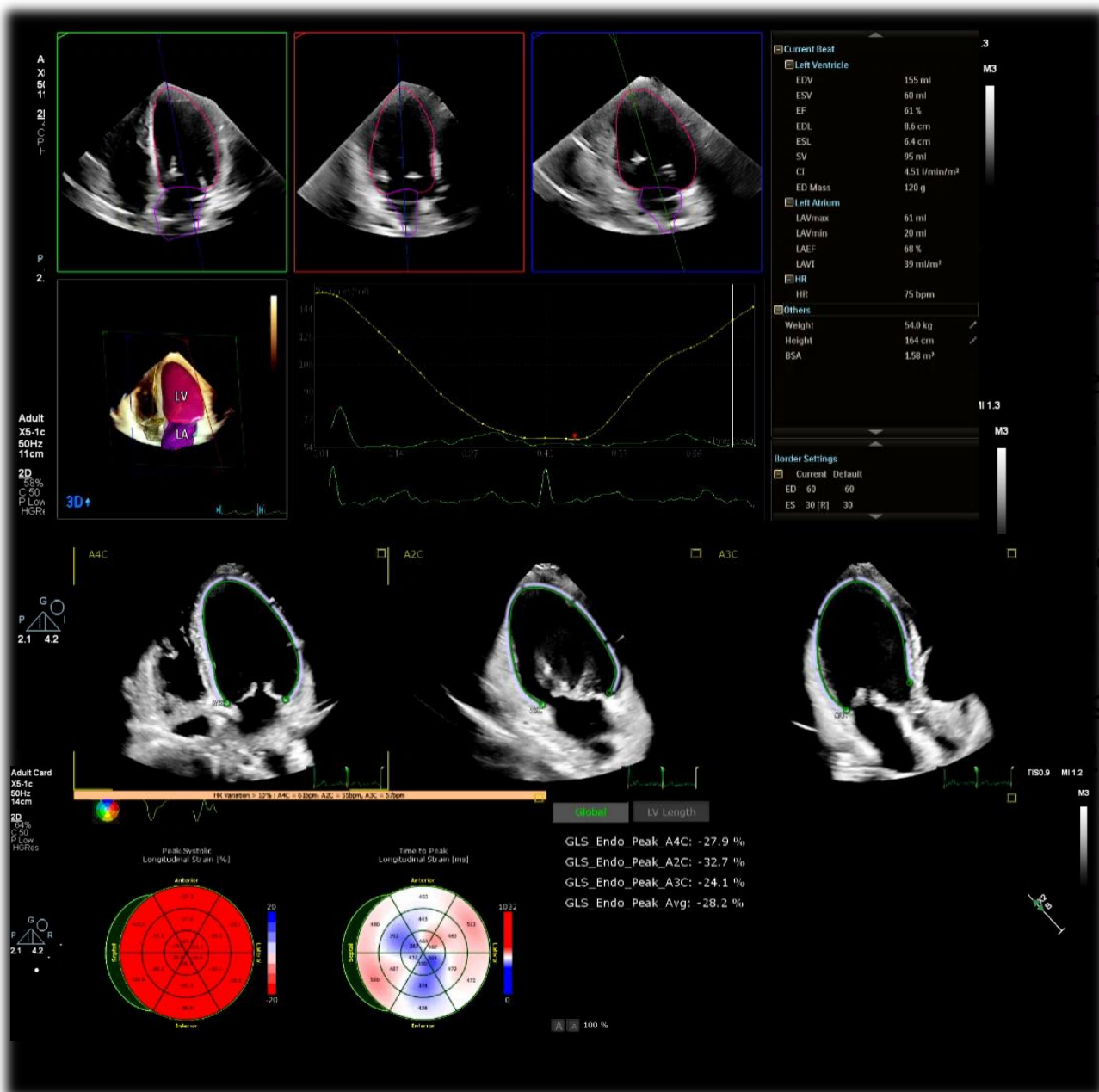


TENDYNE™  
(Abbott)



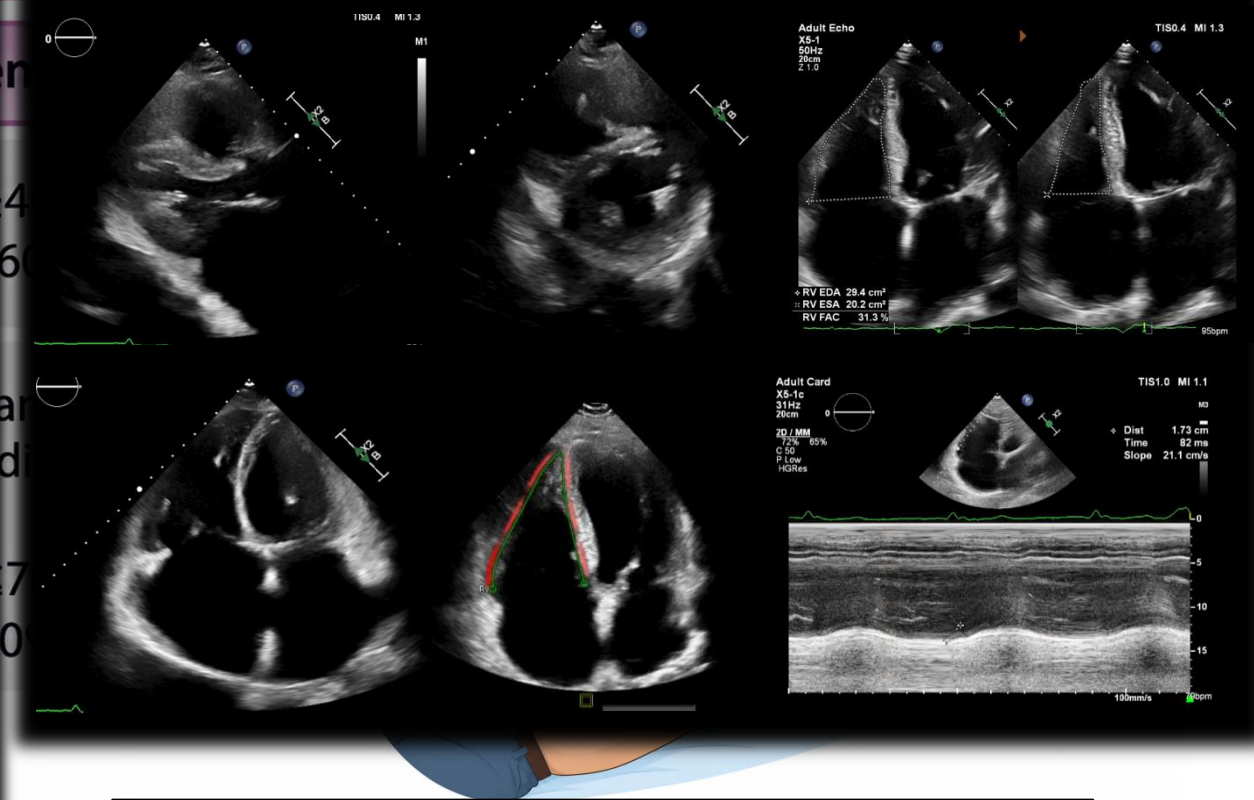
KARDIOLOGICKÁ  
KLINIKA  
2. LF UK a FN MOTOL

## Systolická funkce levé komory



## Systolická pravé komory

### Criteria for intervention



Pravá komora rozměry  
TAPSE , s TDI ,strain PK , FAC, přítomnost PH

Adult Card  
X5-1c  
50Hz  
11cm

2D  
48%  
C 50  
P Low  
HGRes

G R  
P 2.1 4.2

TIS0.7 MI 1.3

M3

Adult Card  
X5-1c  
50Hz  
14cm

2D  
64%  
C 50  
P Low  
HGRes

G R  
P 2.1 4.2

LA A4Cs  
Atrial Length 4.88 cm  
Atrial Area 23.5 cm<sup>2</sup>  
Atrial Volume 86.4 ml  
LA ESV Index (A4C) 54.7 ml/m<sup>2</sup>

TIS0.9 MI 1.2

M3

Adult Card  
X5-1c  
50Hz  
14cm

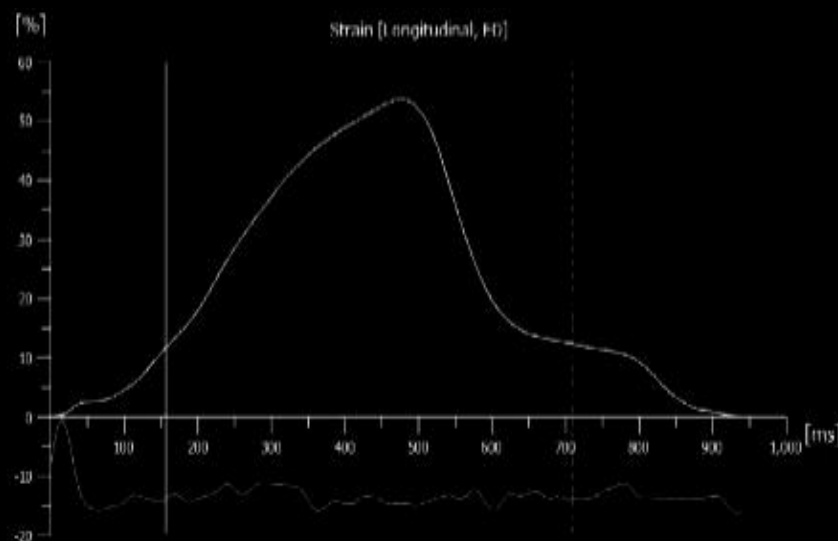
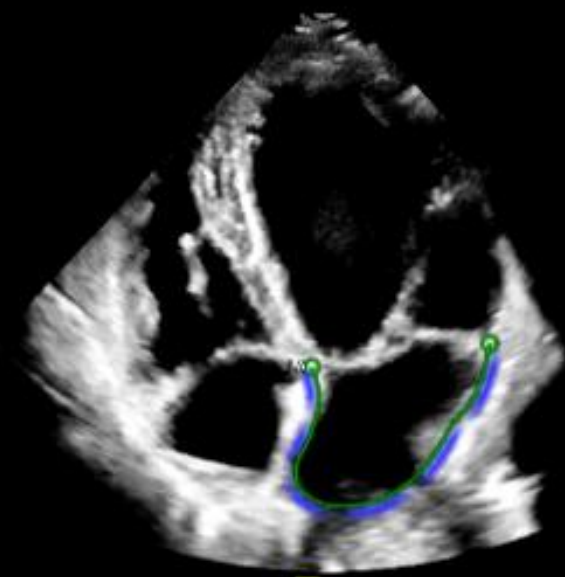
2D  
64%  
C 50  
P Low  
HGRes

G R  
P 2.1 4.2

LA A2Cs  
Atrial Length 4.95 cm  
Atrial Area 20.6 cm<sup>2</sup>  
Atrial Volume 60.0 ml  
LA ESV Index (A2C) 38.0 ml/m<sup>2</sup>  
LA ESV (BP) 72.2 ml  
LA ESV Index (BP) 45.7 ml/m<sup>2</sup>

TIS0.9 MI 1.2

M3



Reference ED

Reference PreA

LASr\_ED: 53.8 %

LAScd\_ED: -41.4 %

LASct\_ED: -12.4 %

100 %

# Zhodnocení tíže vady - 2D echokardiografie

## Qualitative

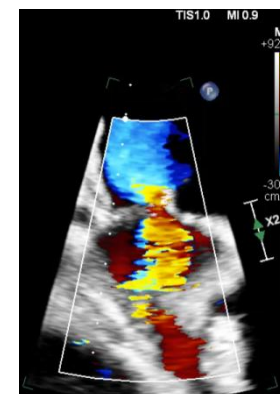
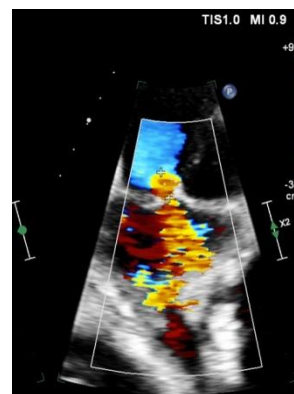
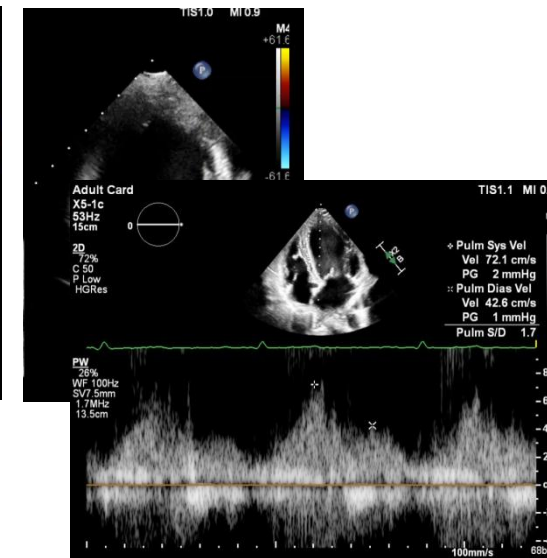
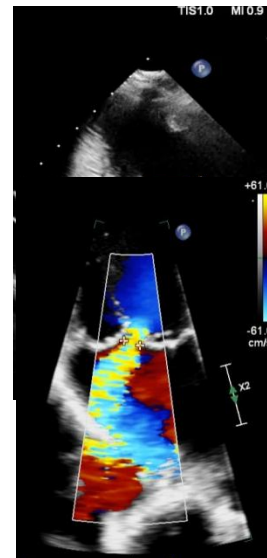
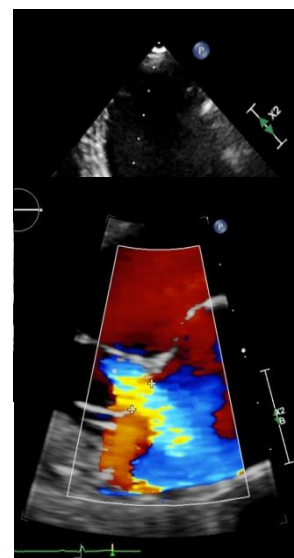
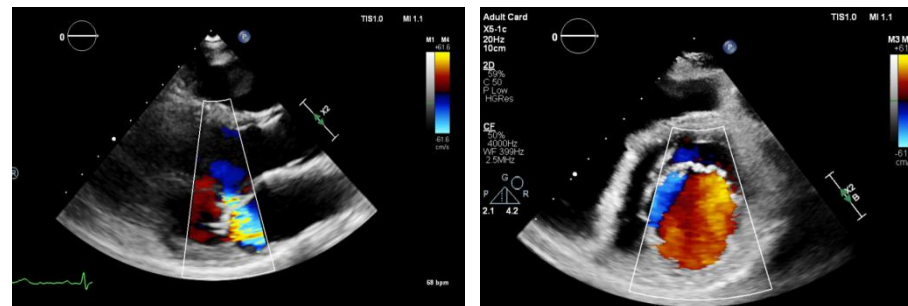
- Flail leaflet, large coaptation defect, severe tenting
- Large central jet
- Large holosystolic convergence zone

## Semi-quantitative

- Vena contracta  $\geq 7$  mm ( $\geq 8$  mm for biplane)
- Pulmonary vein systolic flow reversal
- E-wave dominant ( $>1.2$  m/s)
- VTI mitral / VTI LVOT  $>1.4$

## Quantitative

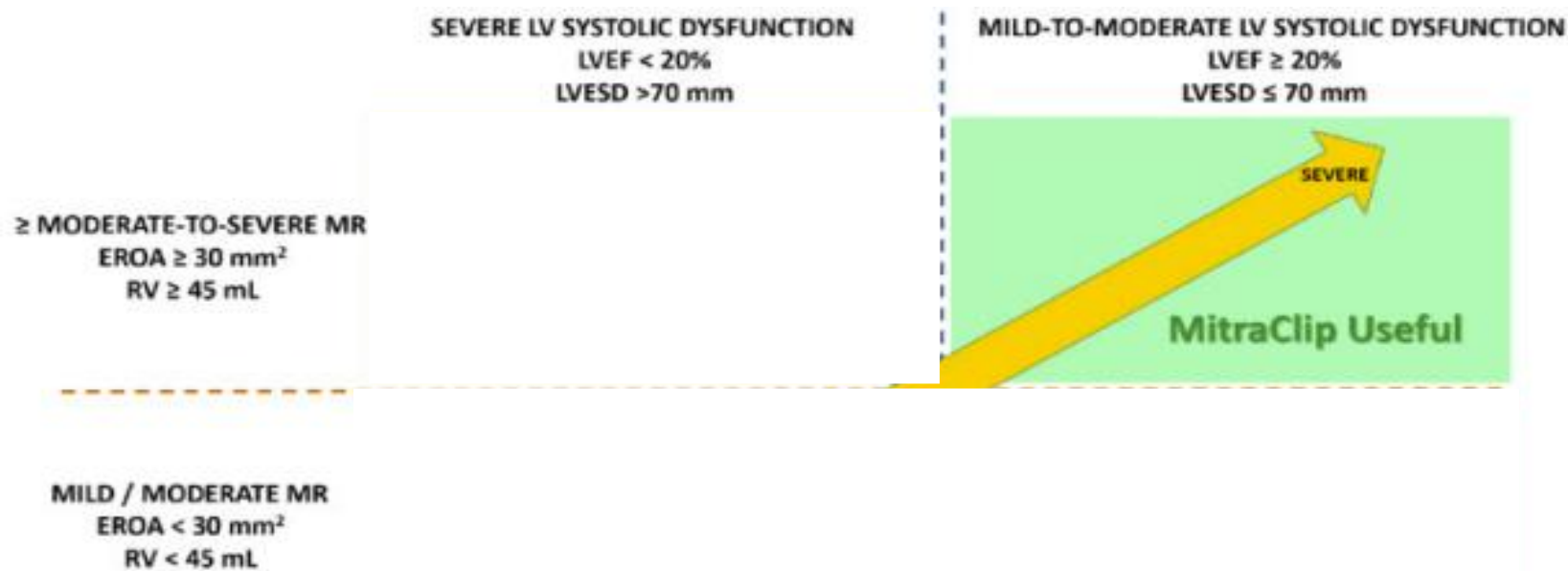
- EROA  $\geq 40$  mm<sup>2</sup> (or  $\geq 30$  mm<sup>2</sup> if elliptical regurgitant orifice area)
- RVol  $\geq 60$  mL (or  $\geq 45$  mL if low flow conditions)
- RF  $\geq 50\%$



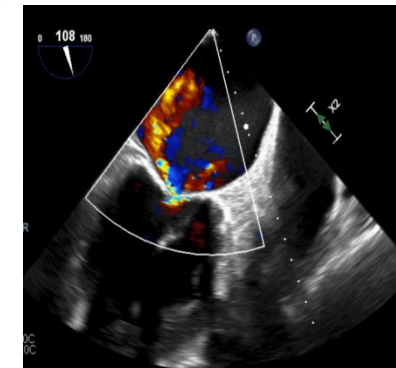
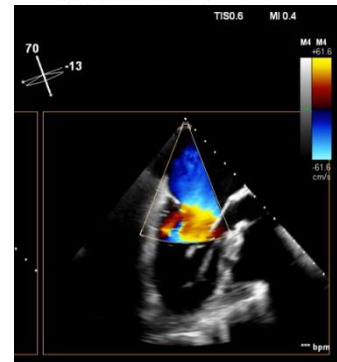
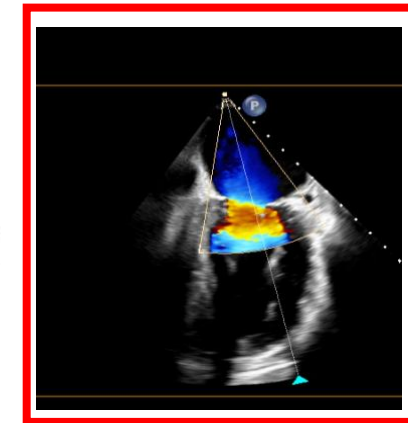
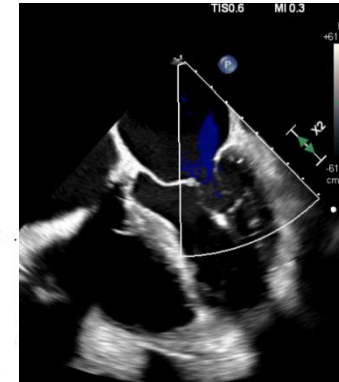
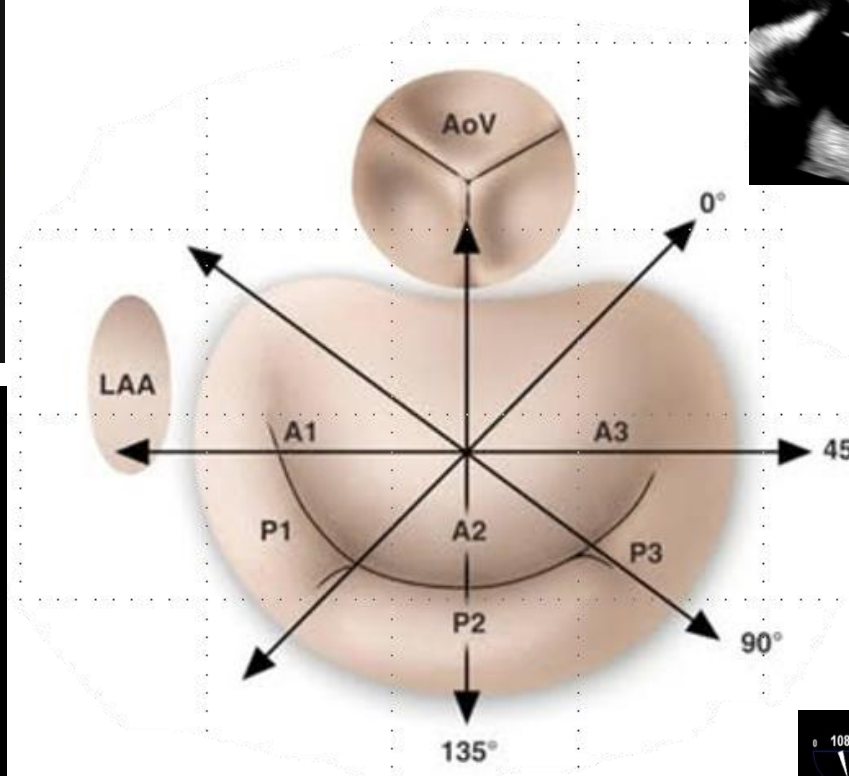
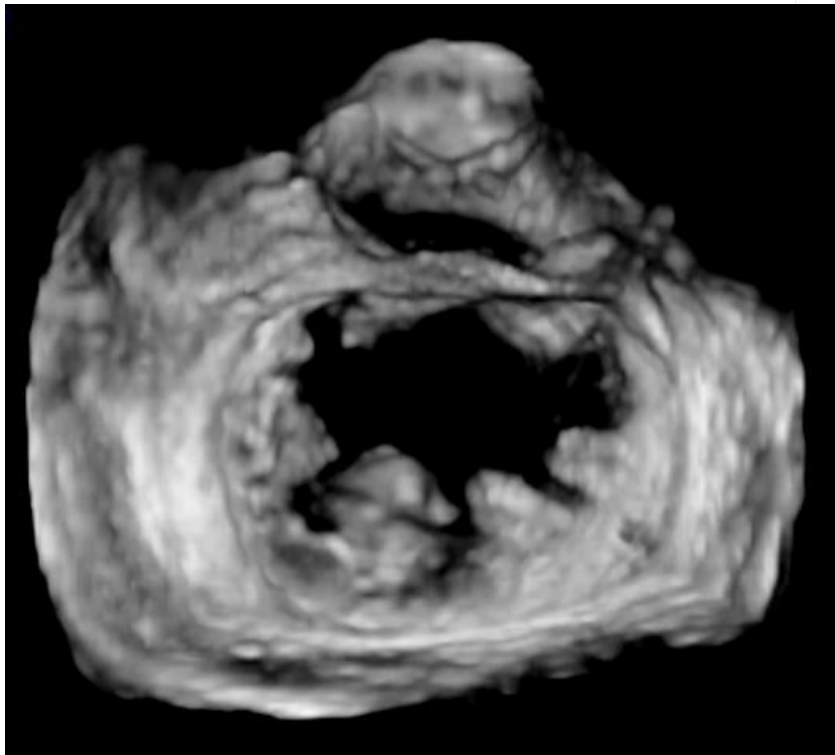
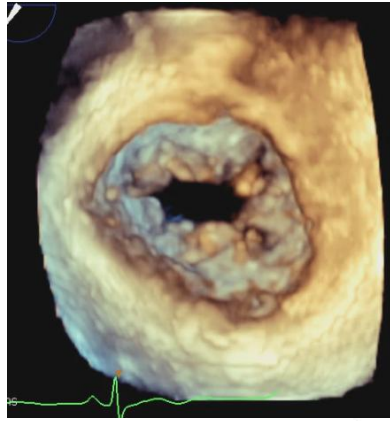
KARDIOLOGICKÁ  
KLINIKA  
2. LF UK a FN MOTOL

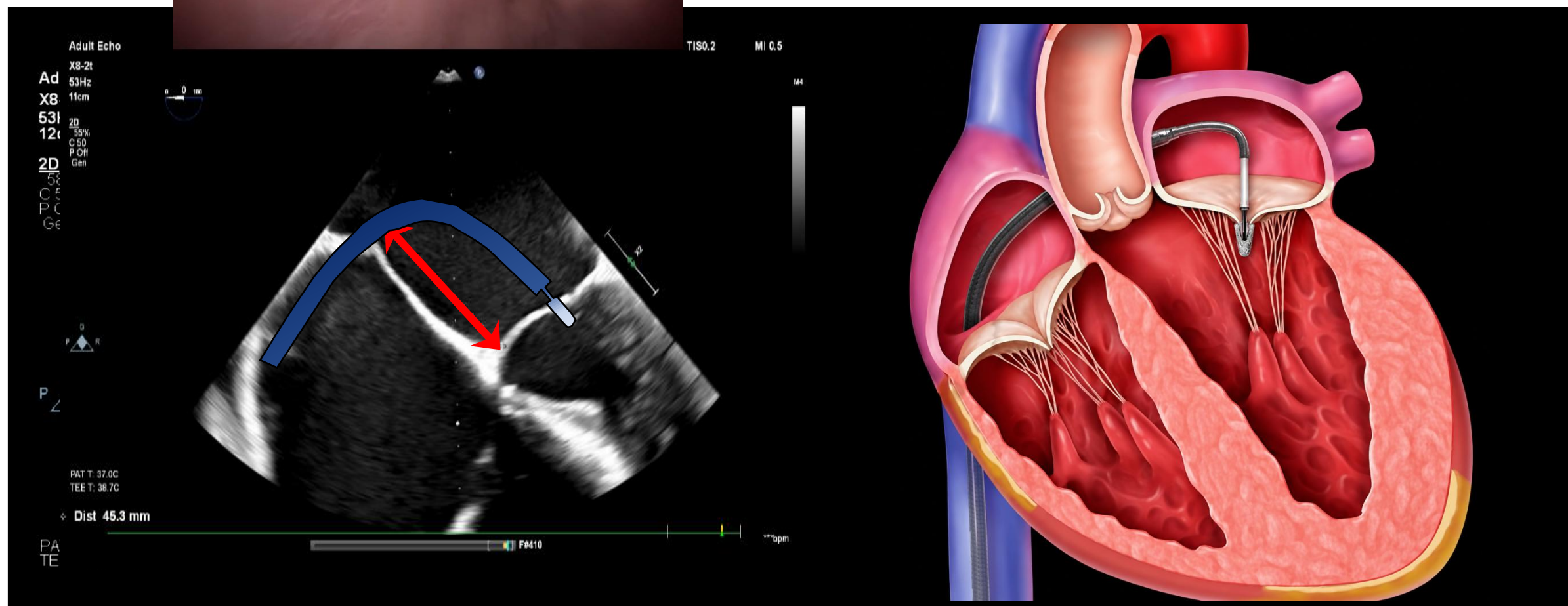
# Vhodný pacient

1. Těžká symptomatická primární MR u inoperabilního pacienta
2. Sekundární (ventrikulární) MR u pacienta s:
  - Symptomy přes optimální farmakoterapii a přístrojovou léčbu
  - Těžkou MR „inadekvátní“ k míře remodelace levé komory
  - Systolická dysfunkce levé komory s EF 20-50% a LVESD  $\leq 70$  mm

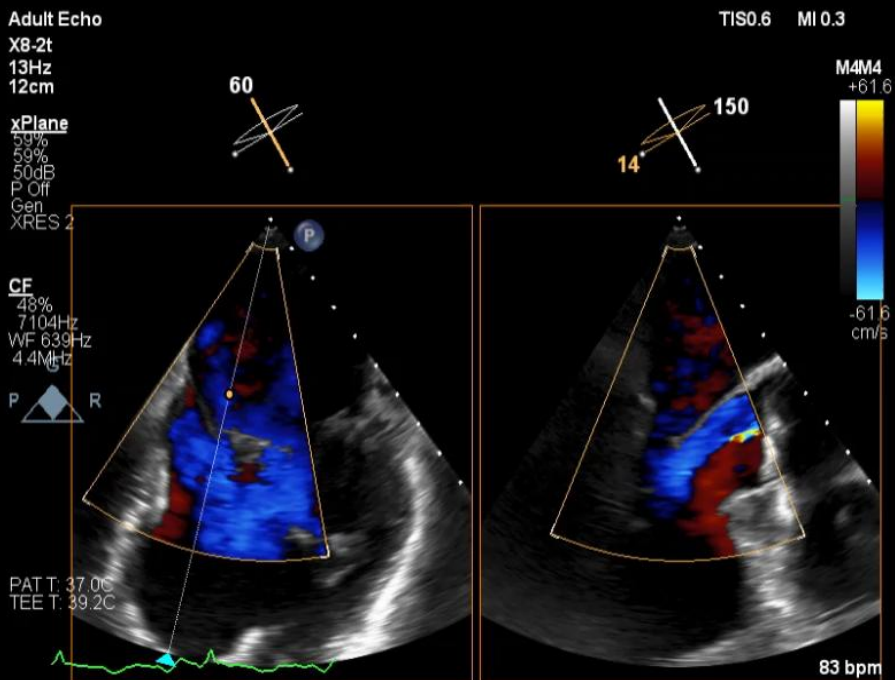
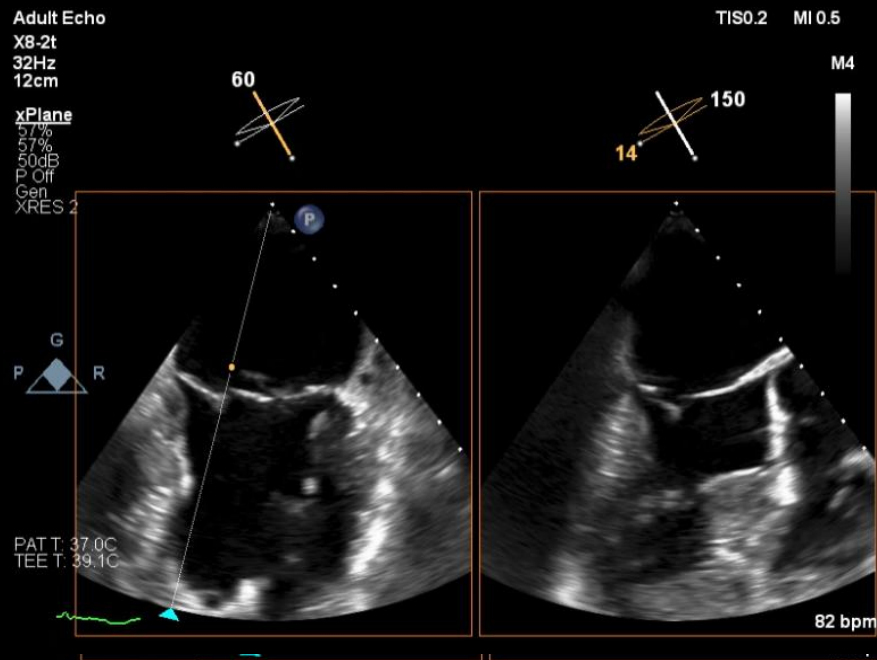


# Jícnová echokardiografie

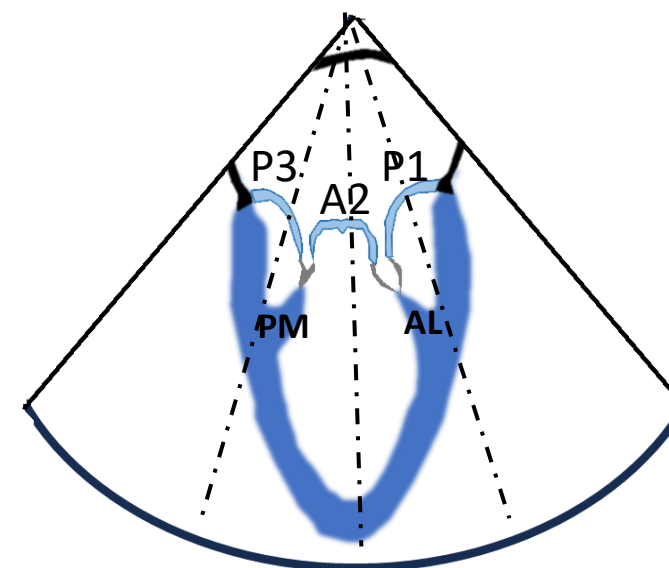
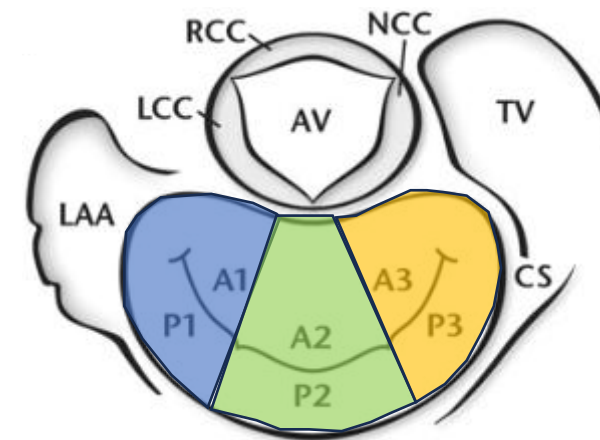




- obvykle cílit postero-superiorně
- ideální výška nad mitrální chlopní většinou ~4-5 cm (dle anatomie a typu MR)

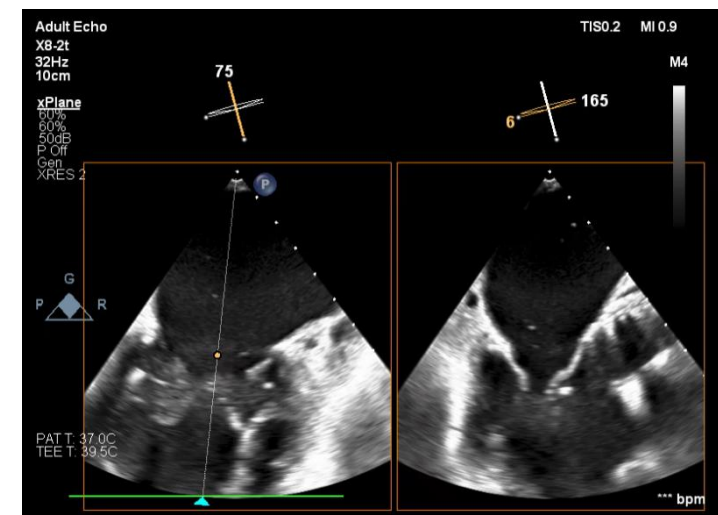
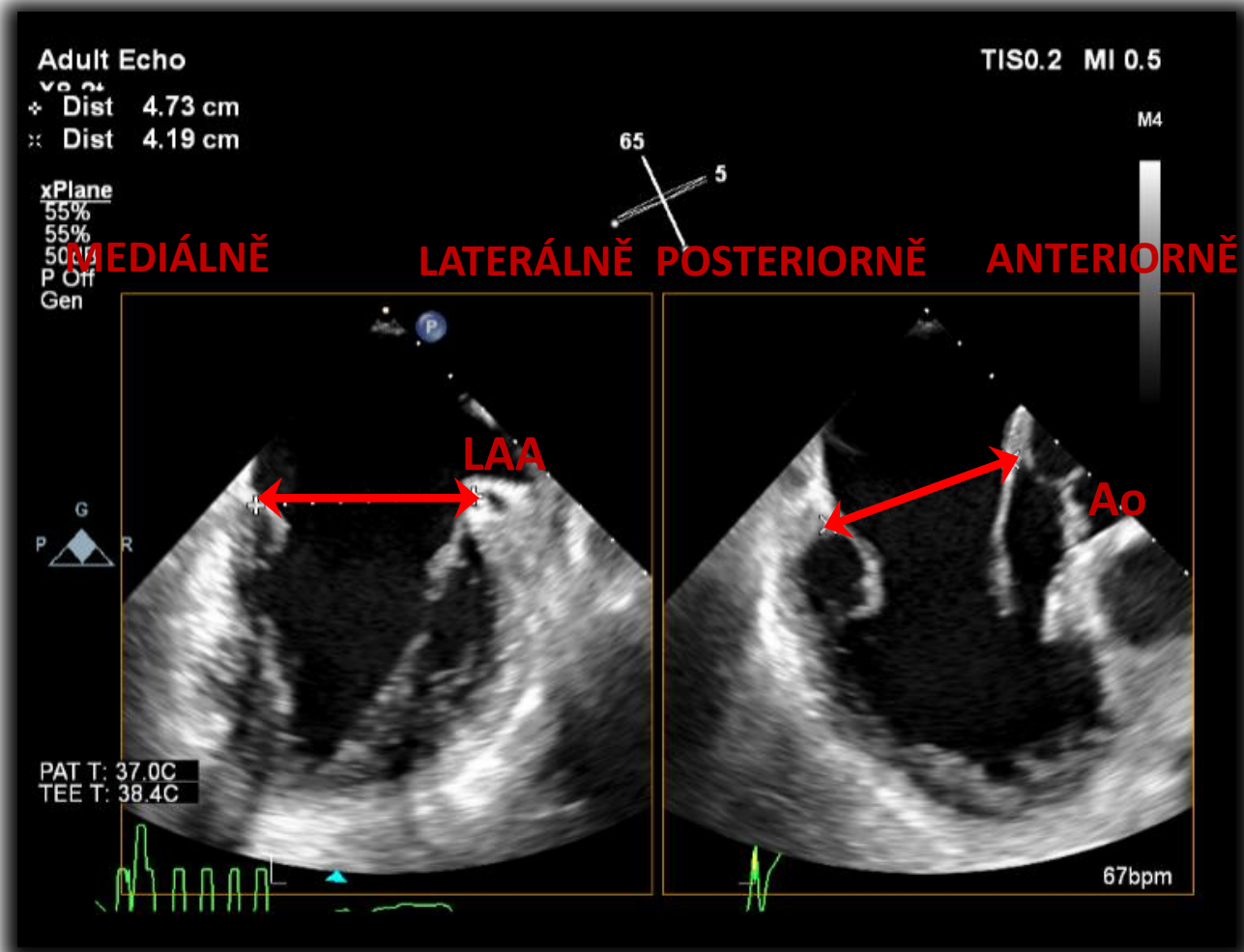


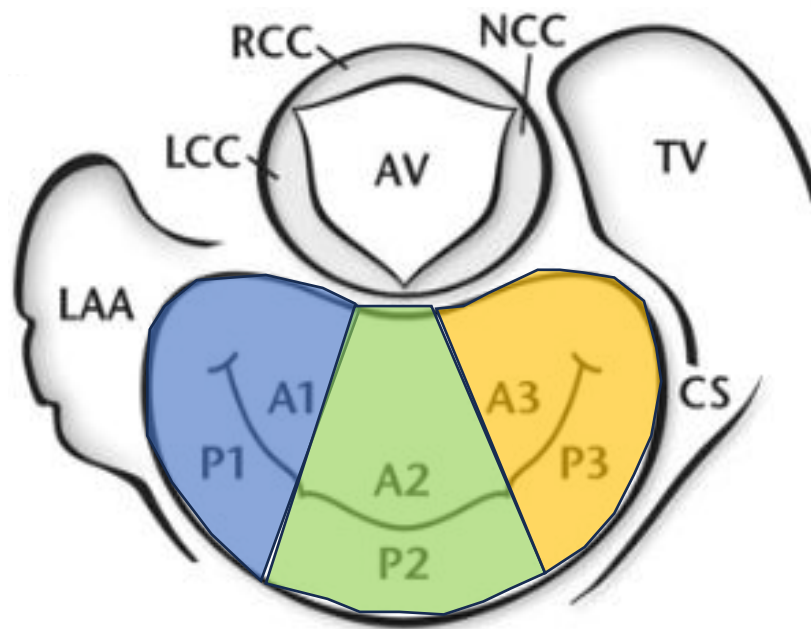
# Midkomisurální s x-plane





KARDIOLOGICKÁ  
KLINIKA  
2. LF UK a FN MOTOL





Adult Echo  
X8-2t  
12Hz  
7.3cm

3D Zoom  
2D / 3D  
% 55 / 45  
C 50 / 30  
Gen

3D Beats 1



**ANTERIORNĚ**

TISO.2 MI 0.3

M4

**LATERÁLNĚ**

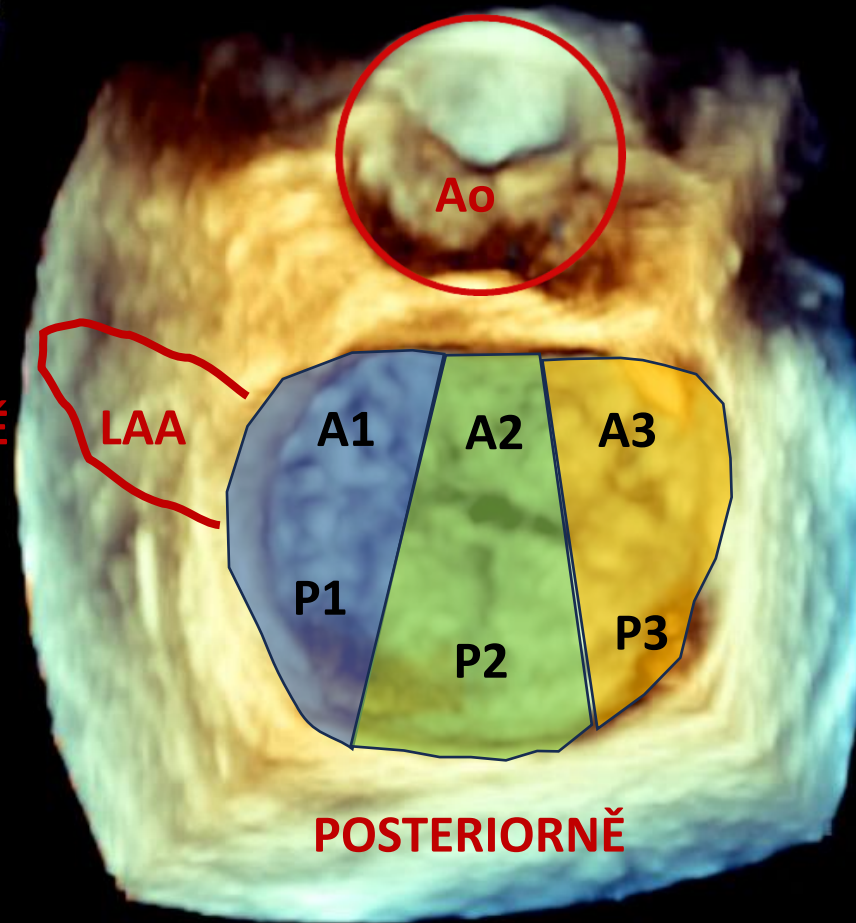
**LAA**

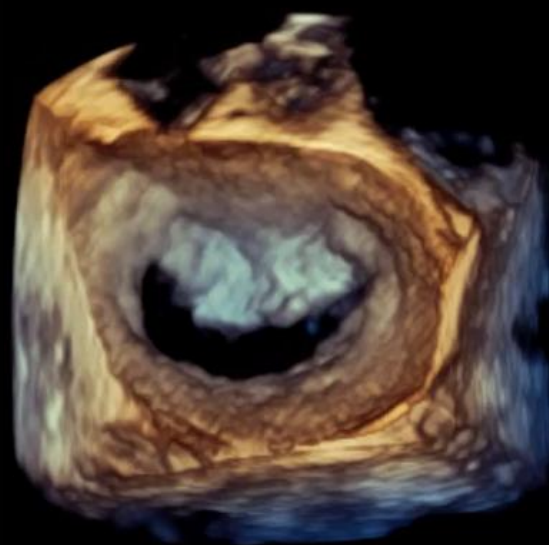
**MEDIÁLNĚ**

**POSTERIORNĚ**

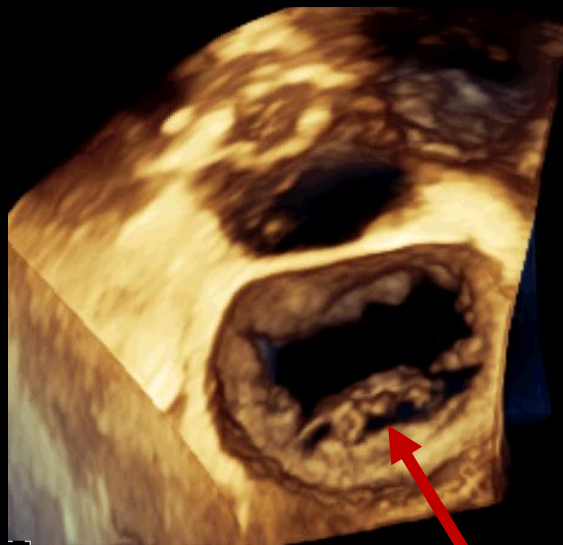
PAT T: 37.0C  
TEE T: 39.1C

V

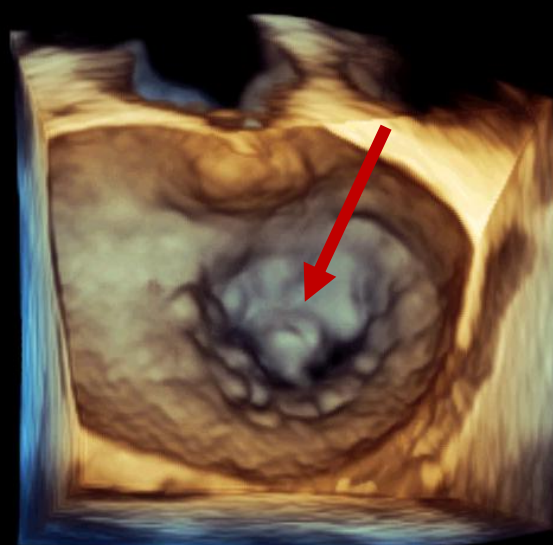




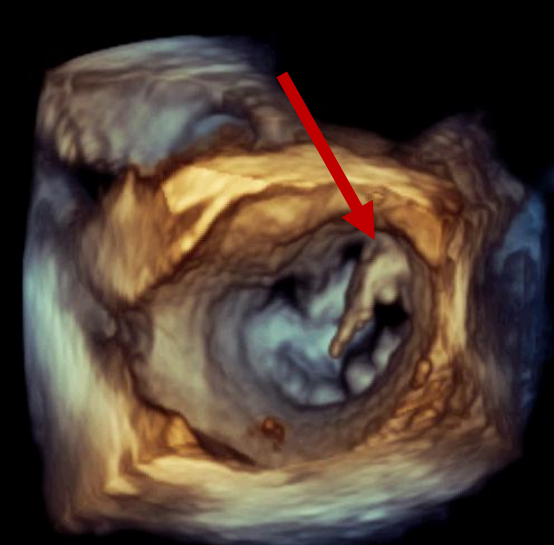
sekundární MR



patologie na zadním cípu



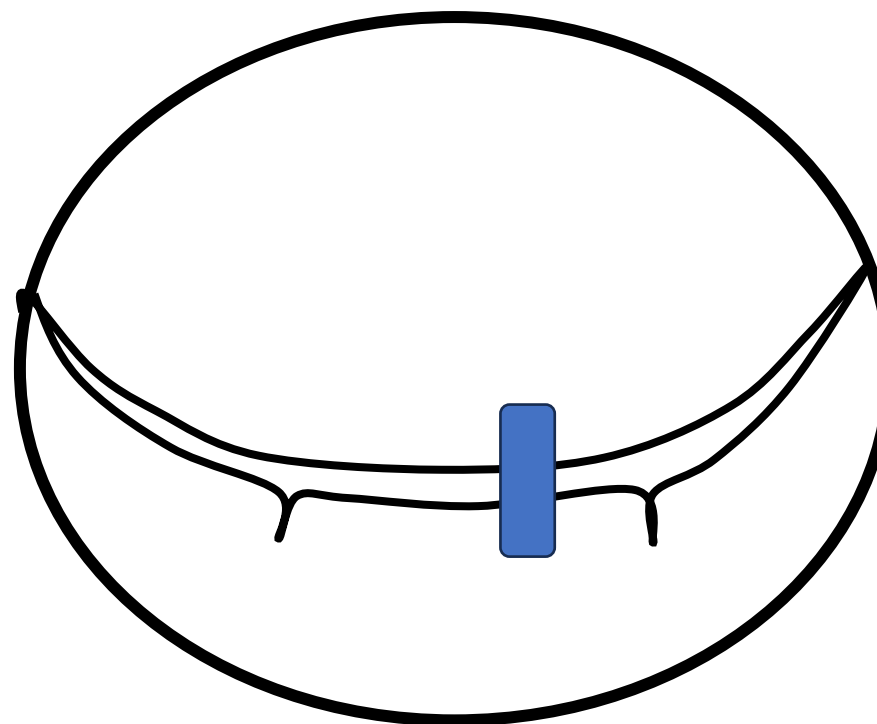
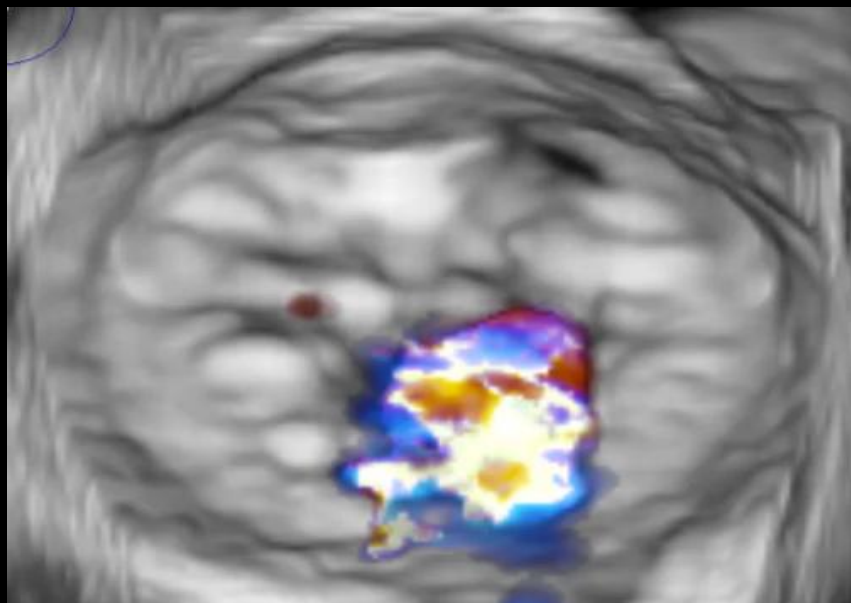
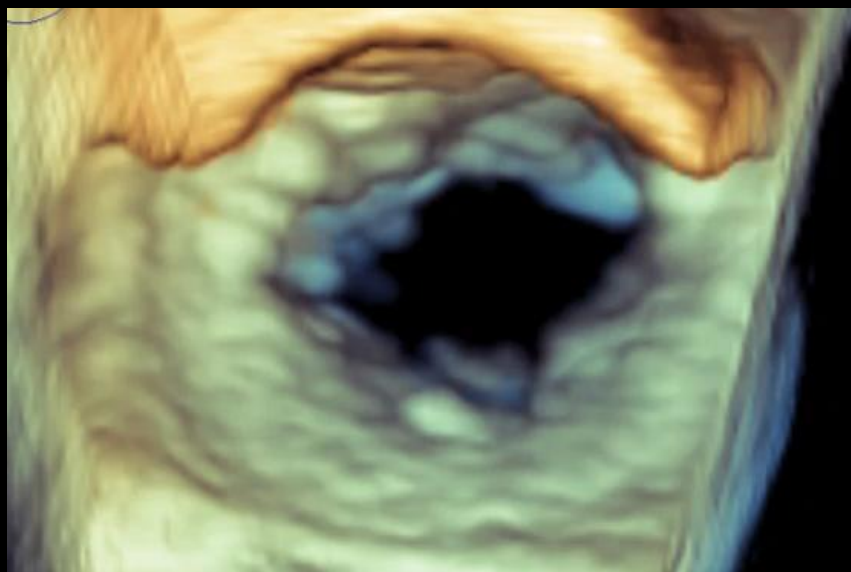
patologie na předním cípu



patologie na předním cípu  
PM komisura



KARDIOLOGICKÁ  
KLINIKA  
2. LF UK a FN MOTOL





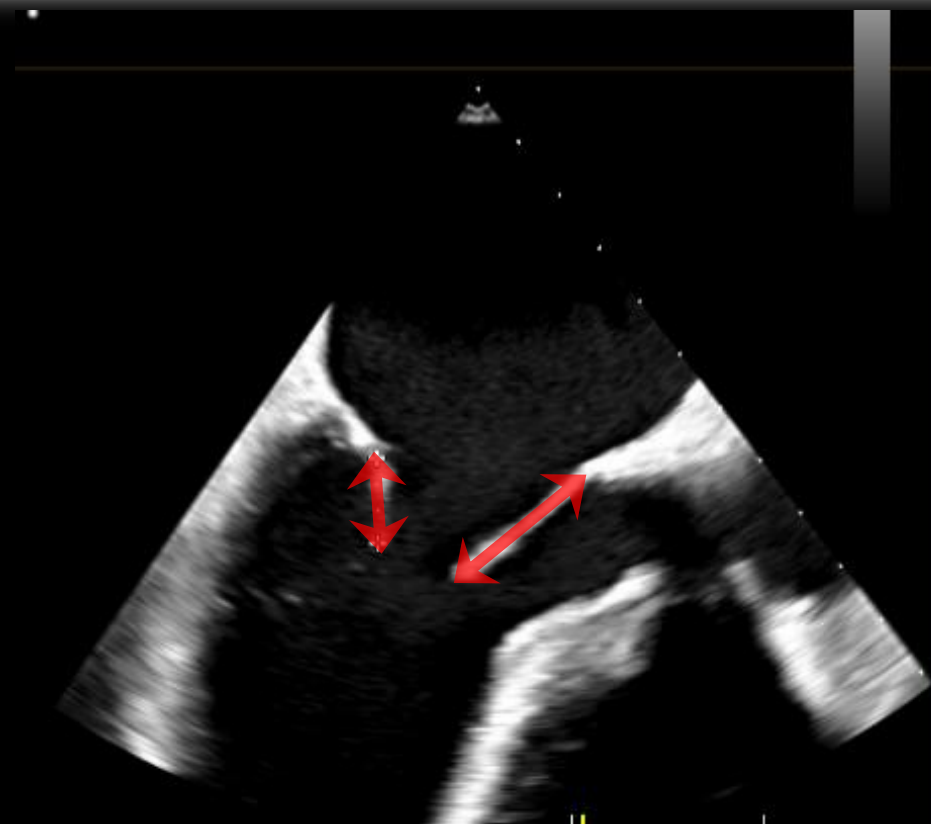
KARDIOLOGICKÁ  
KLINIKA  
2. LF UK a FN MOTOL

Dist 2.72 cm  
Dist 1.98 cm 180  
2D  
55%  
C 50  
P Off  
Gen

M4

G  
P R

PAT T: 37.0C  
TEE T: 38.2C



G4 NT  
4 mm



G4 NTW  
6 mm



**50% wider  
in the  
grasping  
area**

G4 XT  
4 mm

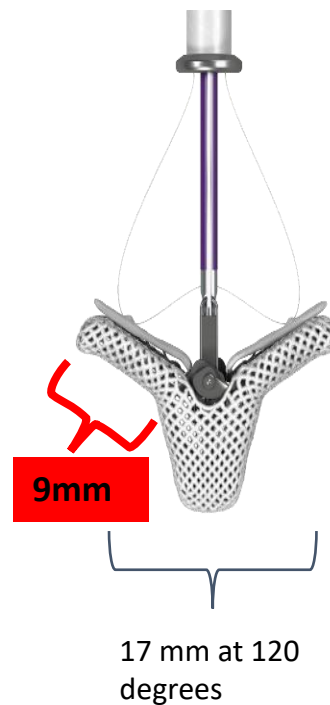


G4 XTW  
6 mm

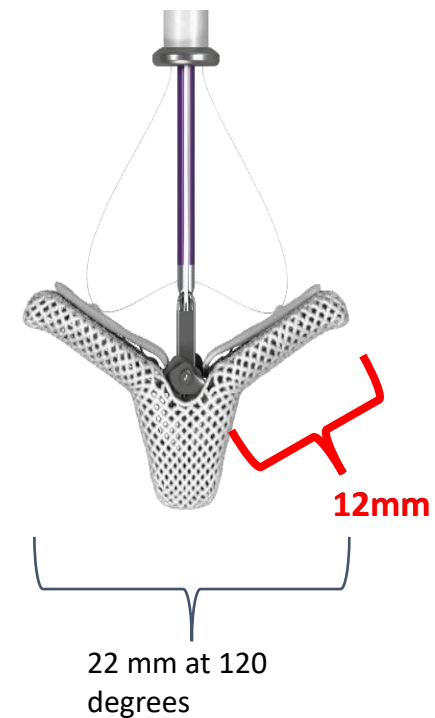


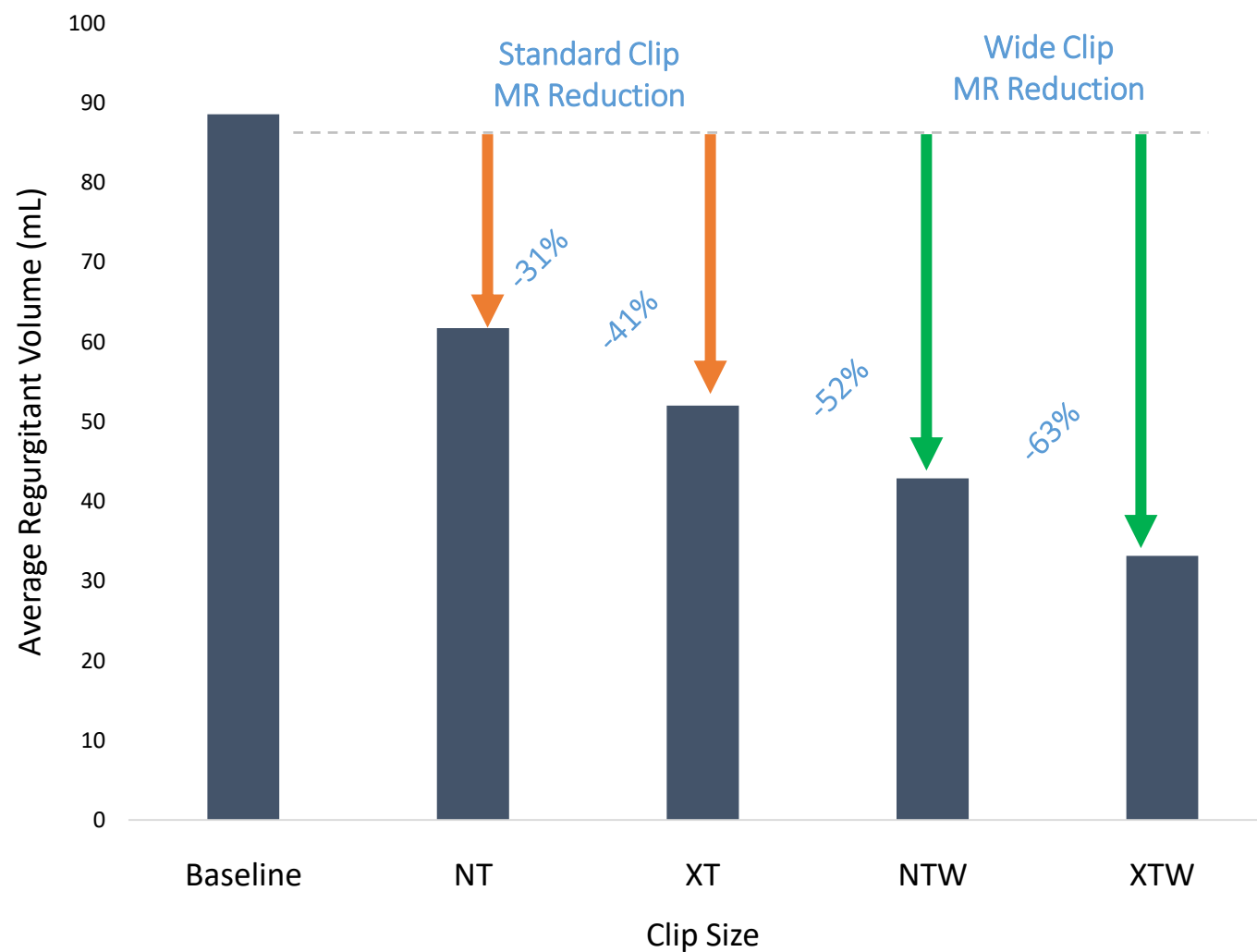
**50% wider  
in the  
grasping  
area**

G4 NT/NTW

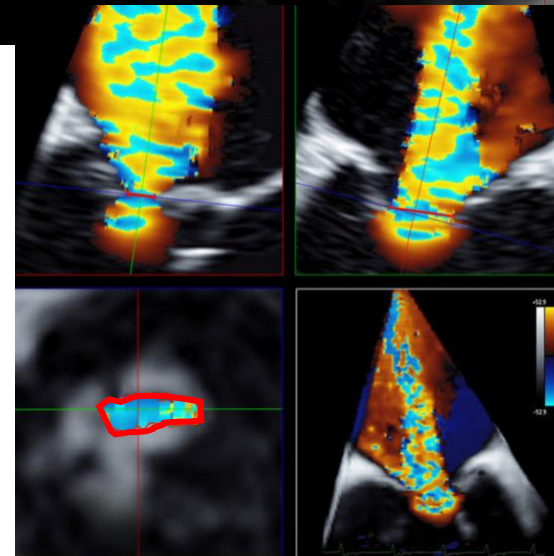
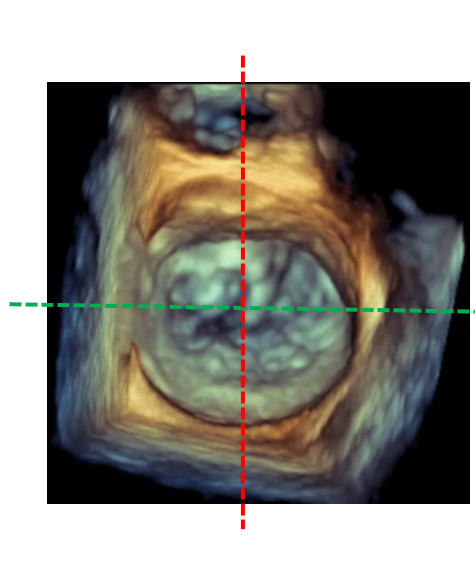
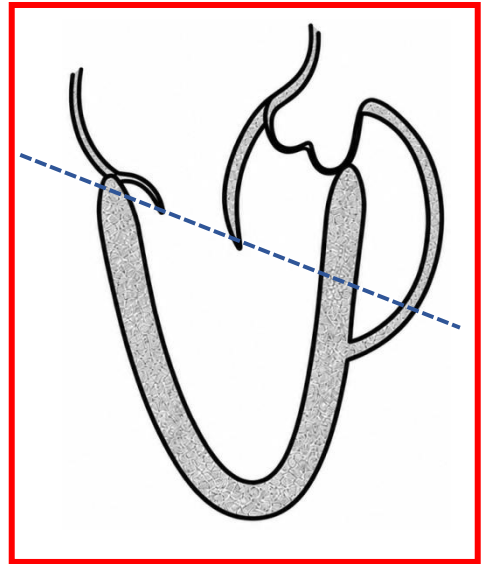
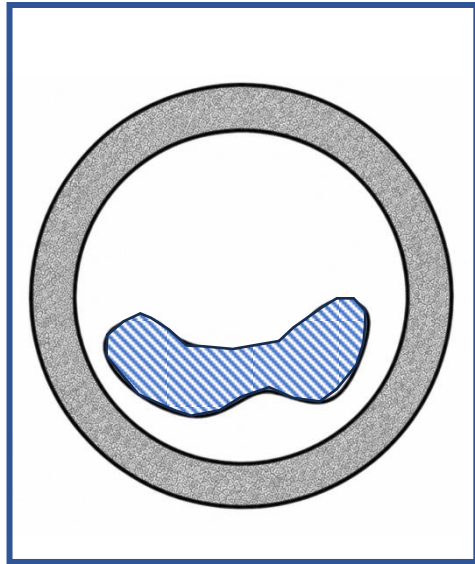
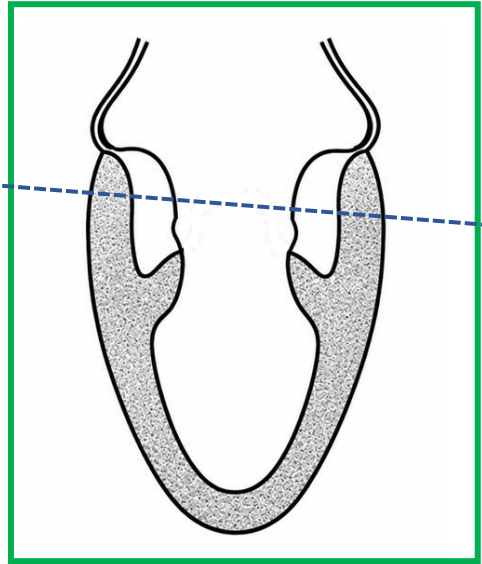


G4 XT/XTW





Test performed by and data on file at  
Abbott.





- Central pathology
- No calcification
- MVA  $>4.0 \text{ cm}^2$
- Posterior leaflet  $>10 \text{ mm}$
- Tenting height  $<10 \text{ mm}$
- Flail gap  $<10 \text{ mm}$
- Flail width  $<15 \text{ mm}$

Repair

Replacement

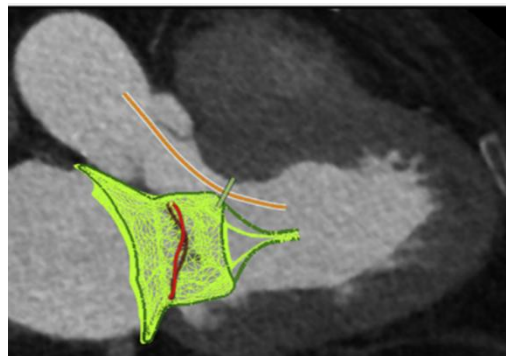
TEER- TriClip



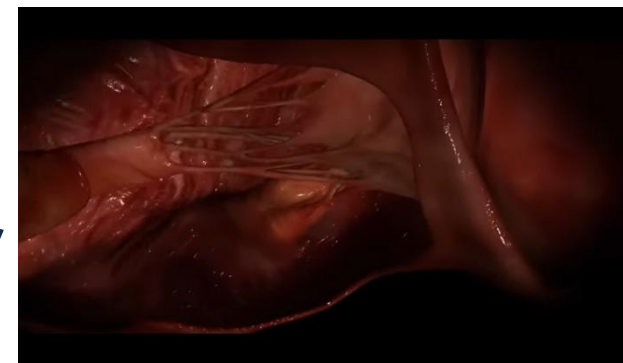
TEER- PASCAL



CT srdce



Biologická náhrada



Biologická náhrada



TEE

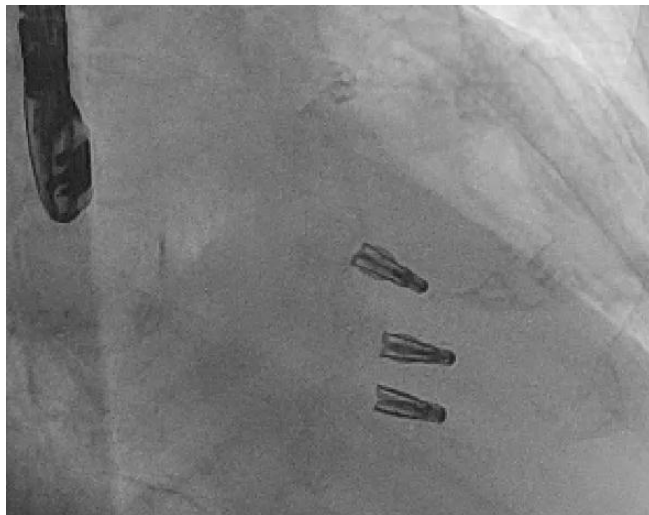
CT

# Závěr

## **Echokardiografie je klíčem k úspěšné intervenci**

- správná indikace začíná kvalitním echo vyšetřením
- důležitá není jen závažnost MR, ale i anatomie a klinický kontext pacienta
- anatomie rozhoduje o proveditelnosti i výsledku výkonu
- 3D TEE a systematický přístup zvyšují bezpečnost a úspěšnost výkonu
- Echokardiografista je součástí intervenčního týmu

Děkuji za pozornost



Konečný výsledek po implantaci jednoho Mitralclipu a dvou Triclipů aneb Galaxie útočí