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FOCUS ON TRICUSPID, MITRAL, AND AORTIC VALVE INTERVENTIONS

Predictors of Procedural and Clinical Outcomes in Patients With Symptomatic Tricuspid Regurgitation Undergoing Transcatheter Edge-to-Edge Repair

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Christian Besler, Mathias Orban, Karl-Philipp Rommel, Daniel Braun, Mehul Patel, Christian Hagl, Michael Borger, Michael Nabauer, Steffen Massberg, Holger Thiele, Jörg Hausleiter, Philipp Lurz

Transcatheter tricuspid valve edge-to-edge repair (TTVR) is currently evaluated as a novel treatment option for patients with tricuspid regurgitation (TR) at increased surgical risk. Predictors for procedural success or clinical outcome remain to be characterized. In the present study, 117 patients underwent TTVR with a procedural success rate (TR reduction ≥ 1) of 81%. TTVR procedural success independently predicted the time free of death and admission for heart failure during a median follow-up of 184 days (interquartile range: 106 to 363 days). On multivariate analysis, small TR coaptation gap size and a central/anteroseptal TR jet location were major predictors for procedural success.



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Tricuspid Valve Regurgitation: A Challenge for Interventional Treatment

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There are minimal data regarding clinical outcomes and echocardiographic findings after either transcatheter mitral valve-in-valve replacement (TMVR) or redo surgical mitral valve replacement (SMVR) for bioprosthetic valve failure. The authors retrospectively identified patients who underwent TMVR and SMVR for degenerated mitral bioprostheses at 3 U.S. institutions. There was no difference in 1-year mortality between the 2 groups despite higher Society of Thoracic Surgeons Predicted Risk of Mortality scores of TMVR patients. Echocardiographic findings after TMVR were similar to SMVR at 30 days. There was a statistically significant difference in mitral gradient at 1 year, though this is likely not clinically important. TMVR may be an alternative to SMVR in patients with previous mitral bioprosthetic valves.

EDITORIAL COMMENT

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Josep Rodés-Cabau, Dimitri Kalavrouziotis



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Combined Mitral and Tricuspid Versus Isolated Mitral Valve Transcatheter Edge-to-Edge Repair in Patients With Symptomatic Valve Regurgitation at High Surgical Risk **1142**

Christian Besler, Stephan Blazek, Karl-Philipp Rommel, Thilo Noack, Maximilian von Roeder, Christian Luecke, Joerg Seeburger, Joerg Ender, Michael A. Borger, Axel Linke, Matthias Gutberlet, Holger Thiele, Philipp Lurz

Residual tricuspid regurgitation (TR) is a predictor for inferior outcome following interventional treatment of mitral regurgitation (MR). This study tested the benefit of combined transcatheter mitral plus tricuspid valve edge-to-edge repair (TMTVR) as compared with transcatheter mitral valve edge-to-edge repair (TMVR) in patients with symptomatic MR and TR at increased surgical risk. Only TMTVR led to an increase in biventricular stroke volumes and cardiac output on cardiac magnetic resonance imaging, and resulted in superior improvement in New York Heart Association functional class, NT-proBNP levels, and 6-min walking distance. In addition, TMTVR was associated with less hospitalization for heart failure on follow-up as compared with TMVR.

■ EDITORIAL COMMENT

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Jörg Hausleiter, Daniel Braun

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Janarthanan Sathananthan, Dale J. Murdoch, Brian R. Lindman, Alan Zajarias, Wael A. Jaber, Paul Cremer, David Wood, Robert Moss, Anson Cheung, Jian Ye, Rebecca T. Hahn, Aaron Crowley, Martin B. Leon, Michael J. Mack, John G. Webb

The prognostic implications of concomitant tricuspid regurgitation (TR) in patients undergoing valve-in-valve (VIV) transcatheter aortic valve replacement (TAVR) are unknown. In this study, 237 patients who underwent VIV TAVR with concomitant TR were assessed, and outcomes were compared between those with mild or no TR and those with moderate or severe TR. There was no difference in a composite endpoint of death and rehospitalization between moderate or severe TR and mild or no TR, either at 30 days or at 1-year follow-up. There was also a significant reduction in overall moderate or severe TR from baseline to 30 days, which was sustained at 1-year follow-up. In selected patients undergoing VIV TAVR, it may be appropriate to conservatively manage concomitant TR.

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■ EDITORIAL COMMENT

Exploring Tricuspid Regurgitation in Treating Degenerated Bioprosthetic Aortic Valves **1161**

Ran Kornowski

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