TEER
4
Severe MR and HOCM

פרופ' שמי קרסו

היחידה לקרדיולוגיה בלתי פולשנית

מרכז הלב המשולב ע"ש יסלזון – מרכז רפואי שערי צדק, ירושלים

Case Presentation

- 68 y/o male

PMH:

- HTN
- Dyslipidemia
- Past smoker
- Meds:
  - Beta blocker, Ca-Channel blocker
    Disopyramide → max tolerated

- NYHA II → NYHA III
- TTE 07/2021
  - Good LV function
  - IVSD 16mm
  - Moderate MR
  - LVOT gradient at rest 139mmHg

- Holter 2021, 39 APBs 6 VPBs

What can we do next ?

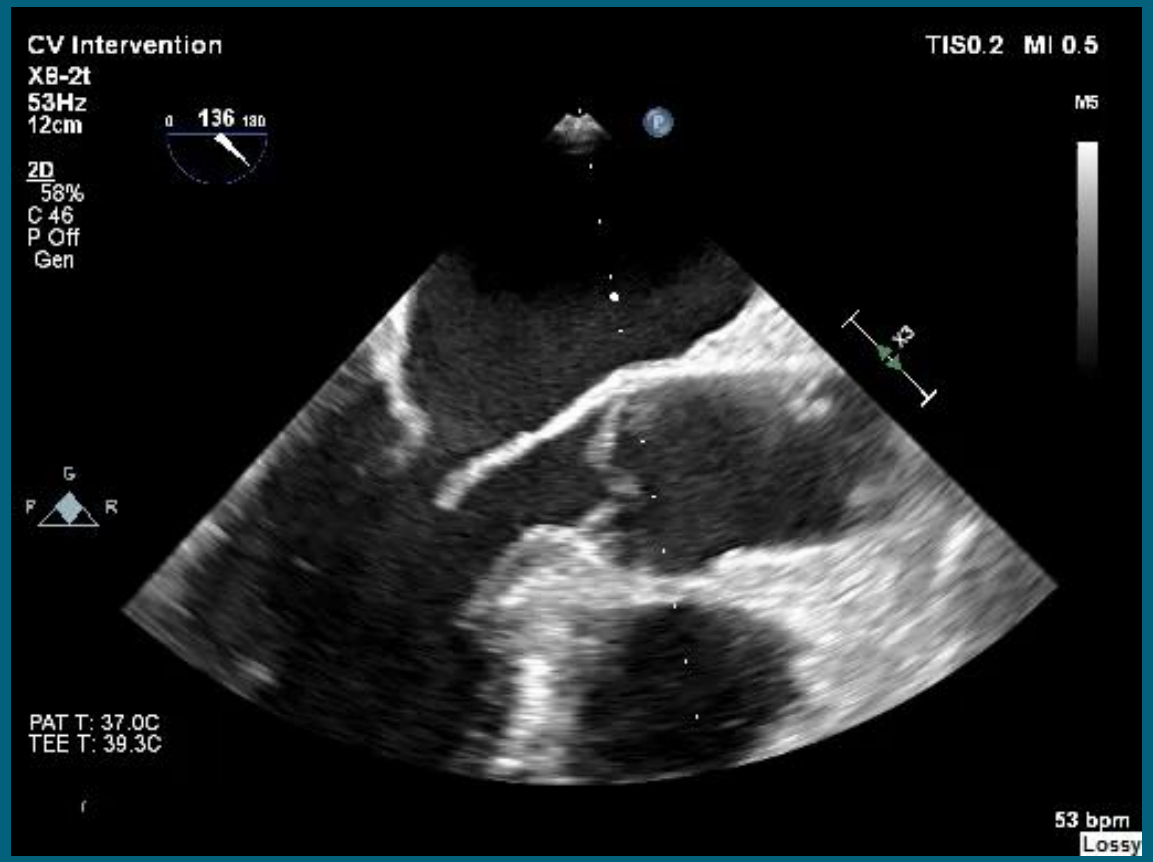
Mavacamten

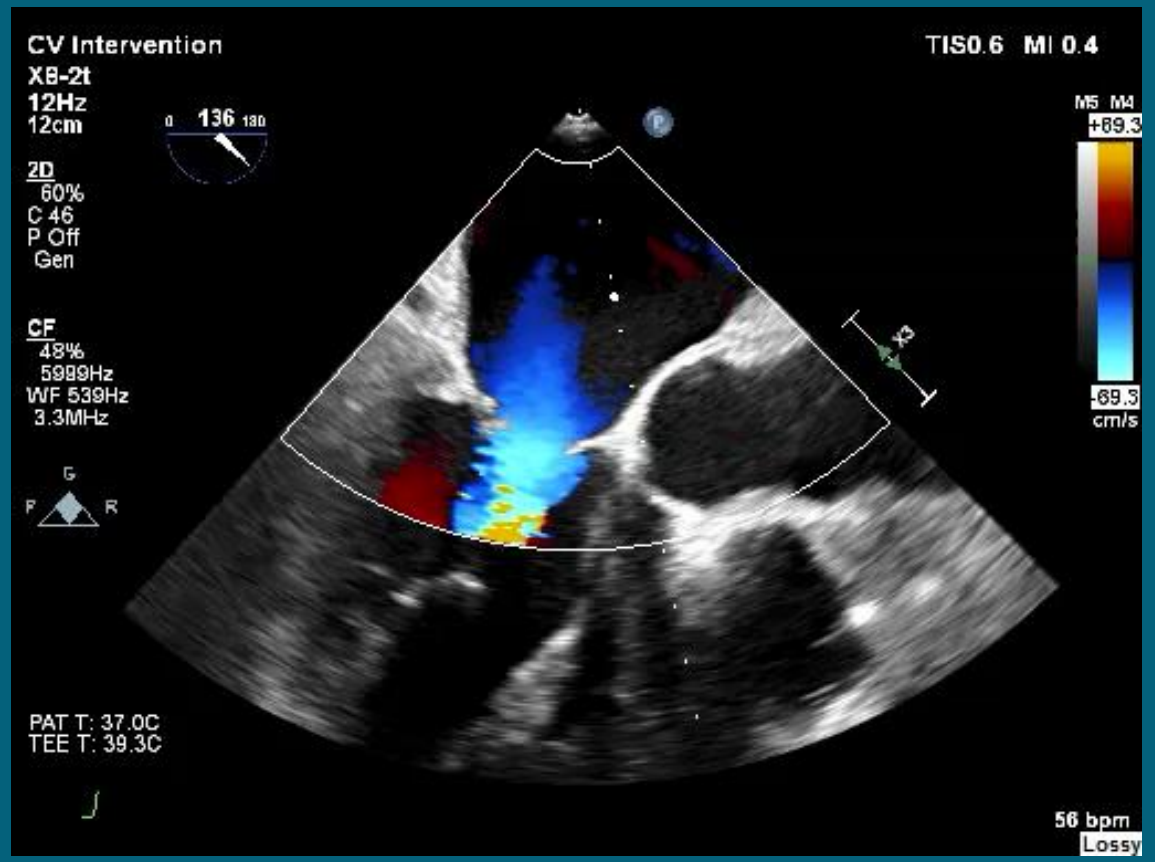
Myectomy

Alcohol septal ablation

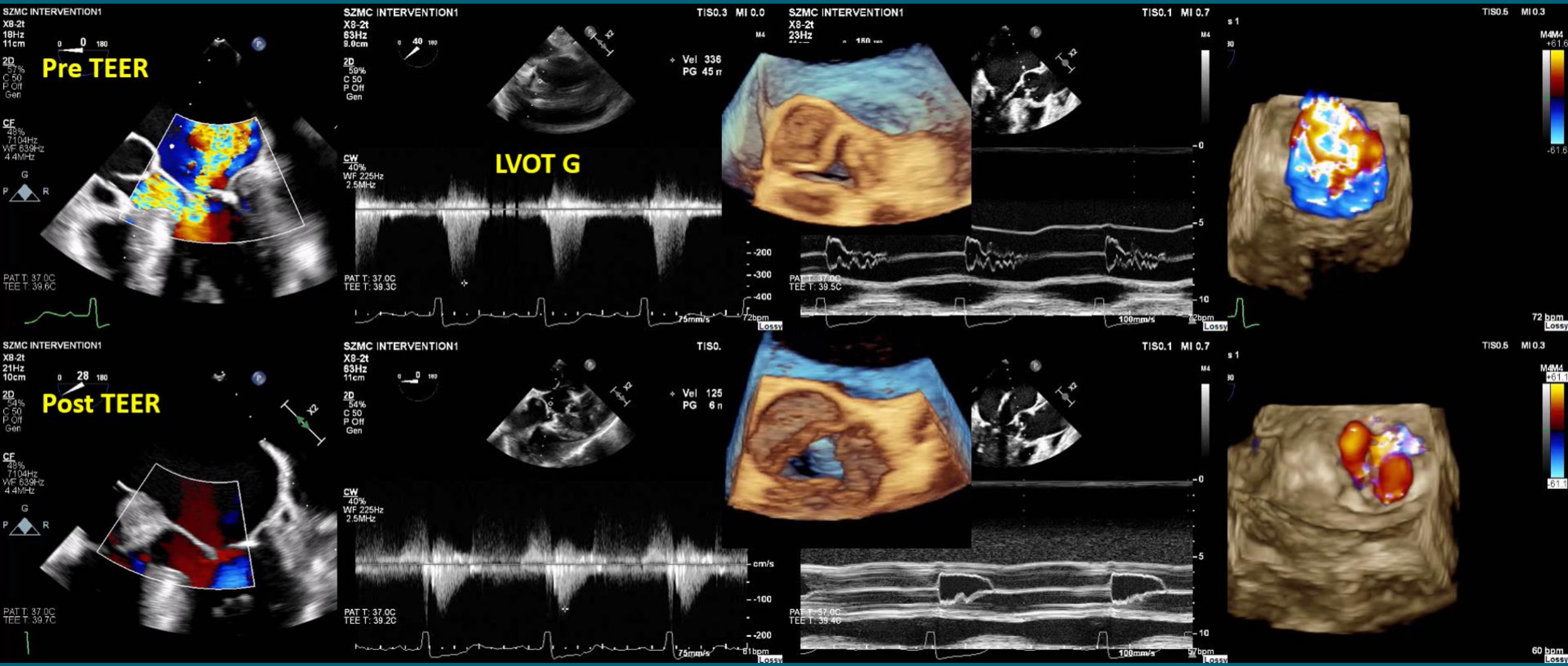
MV repair

TEE – Pre-Procedure



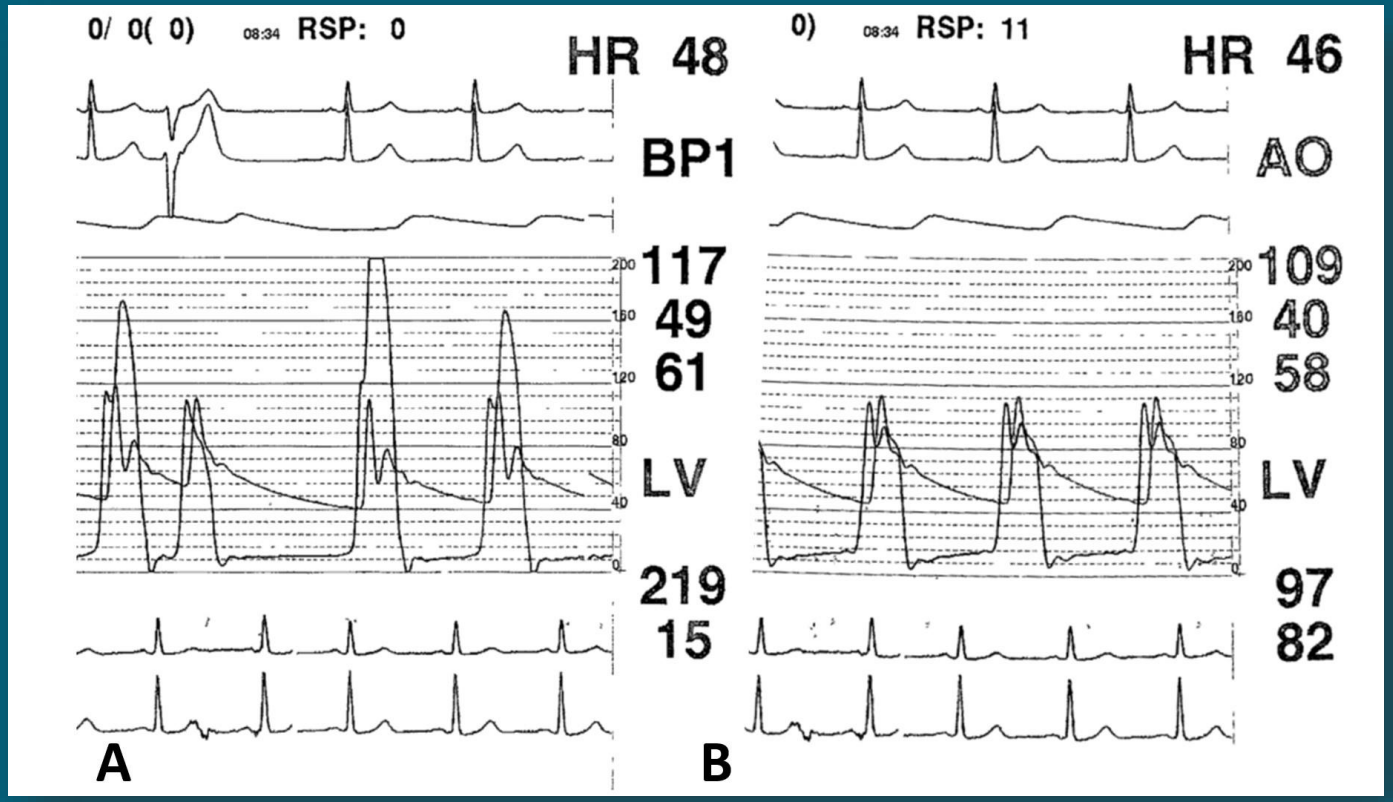


Procedure Echo - Obstruction

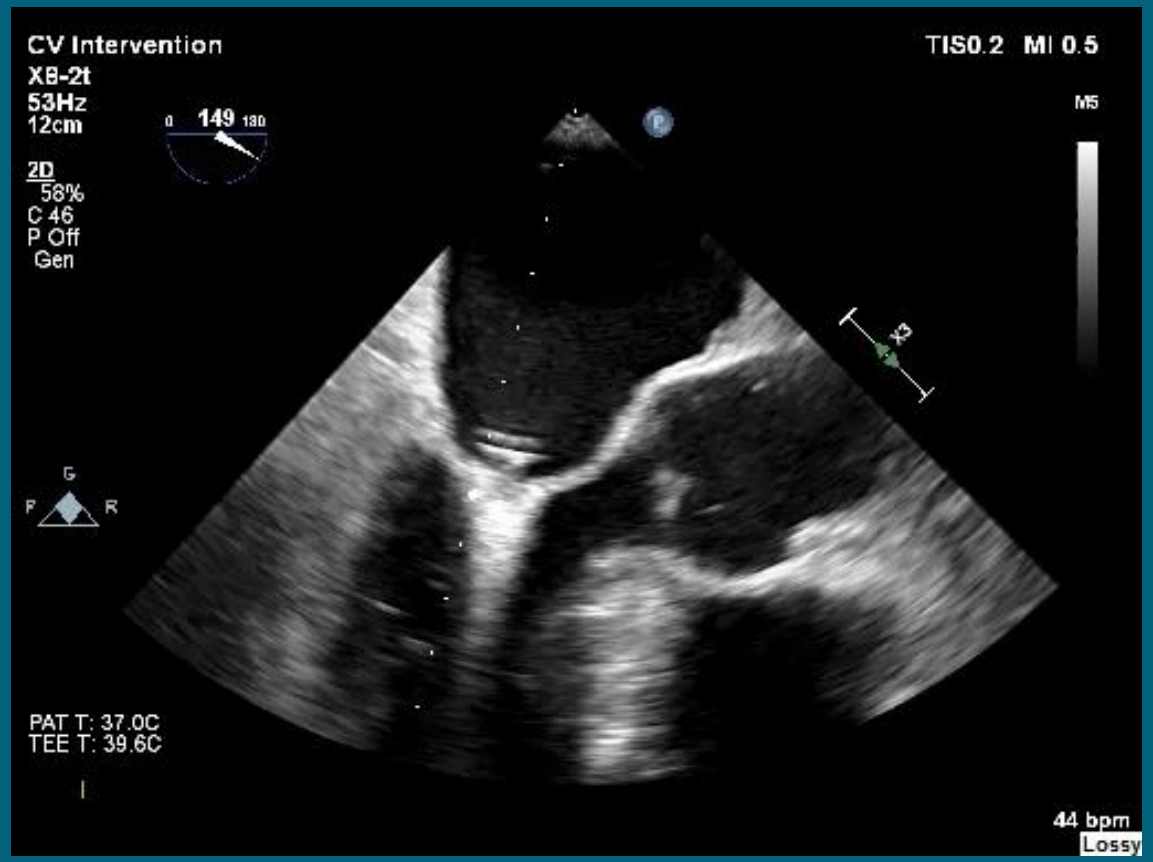


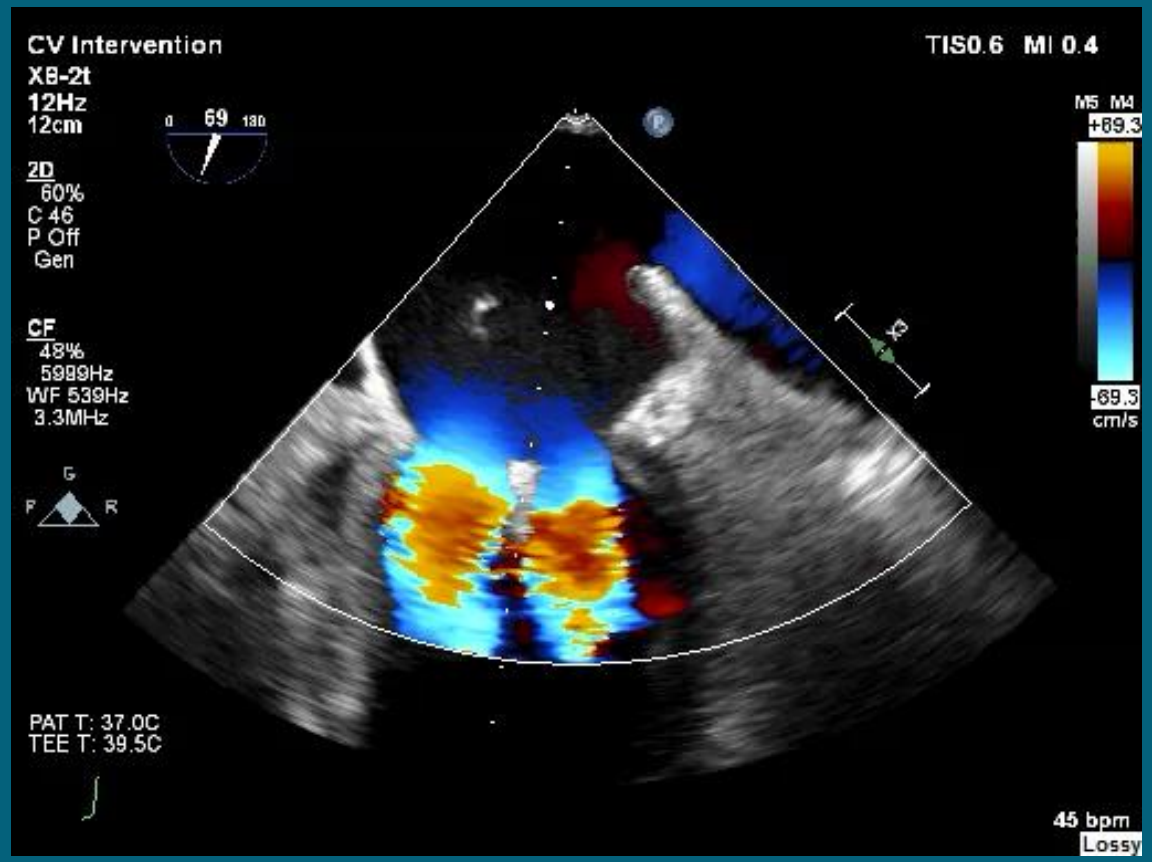
LV-Ao Pressure Tracing

- Challenges:
  - Extrasystole
  - Valsalva – by anesthesiologist
  - Afterload reduction (arterial hypotension)

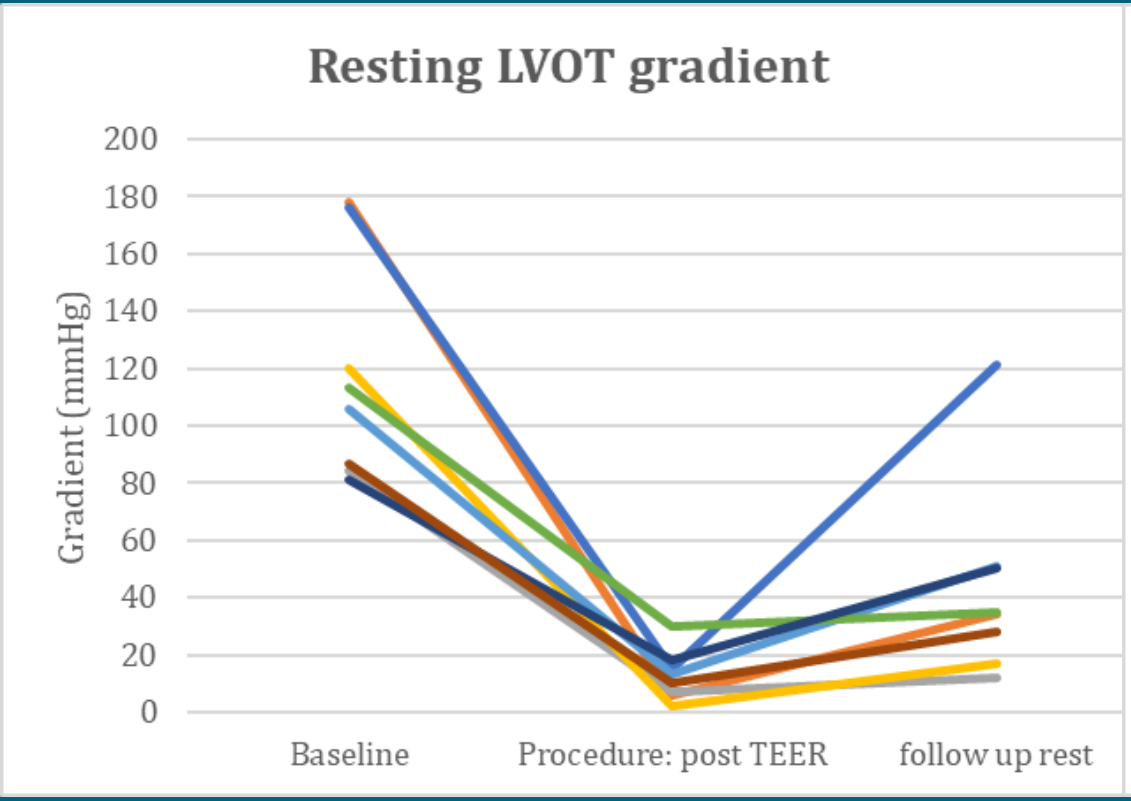


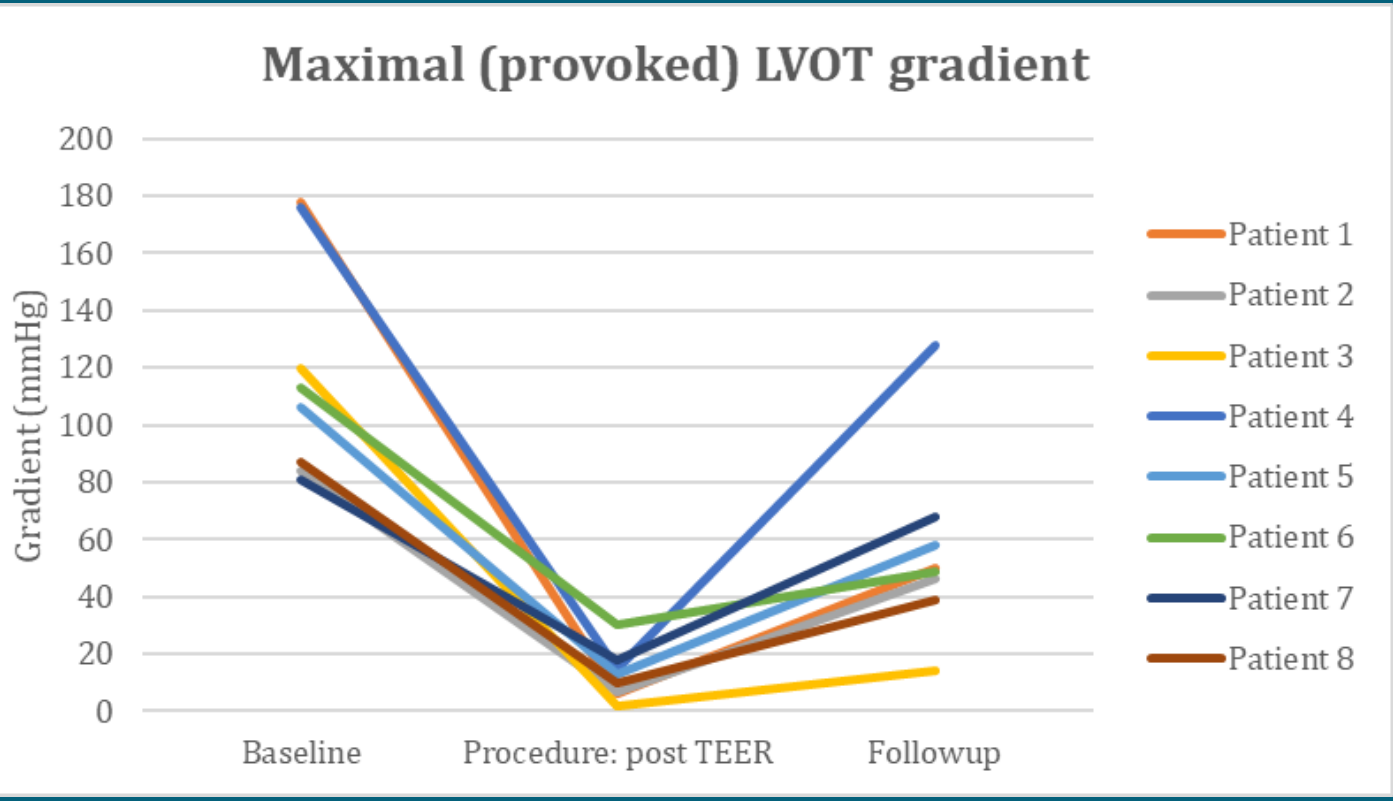
Procedure Echo – post TEER





LVOT obstruction gradient – Pre-Post





Conclusion

- **TEER may be a beneficial procedure for severely symptomatic patients with severe MR and obstructive HOCM on maximal tolerated medical therapy, who are not amenable to surgery because of excessive risk, old age, and frailty**


"That's all Folks!"