

HYPERTROPHIC CARDIOMYOPATHY  
TEER or Surgery for MR

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**Cvt** | Catania  
valves  
therapies

AOU Policlinico G. Rodolico-San Marco



**EUROVALVE**  
**& STRUCTURAL CARDIOMYOPATHIES**  
**NH PALERMO**

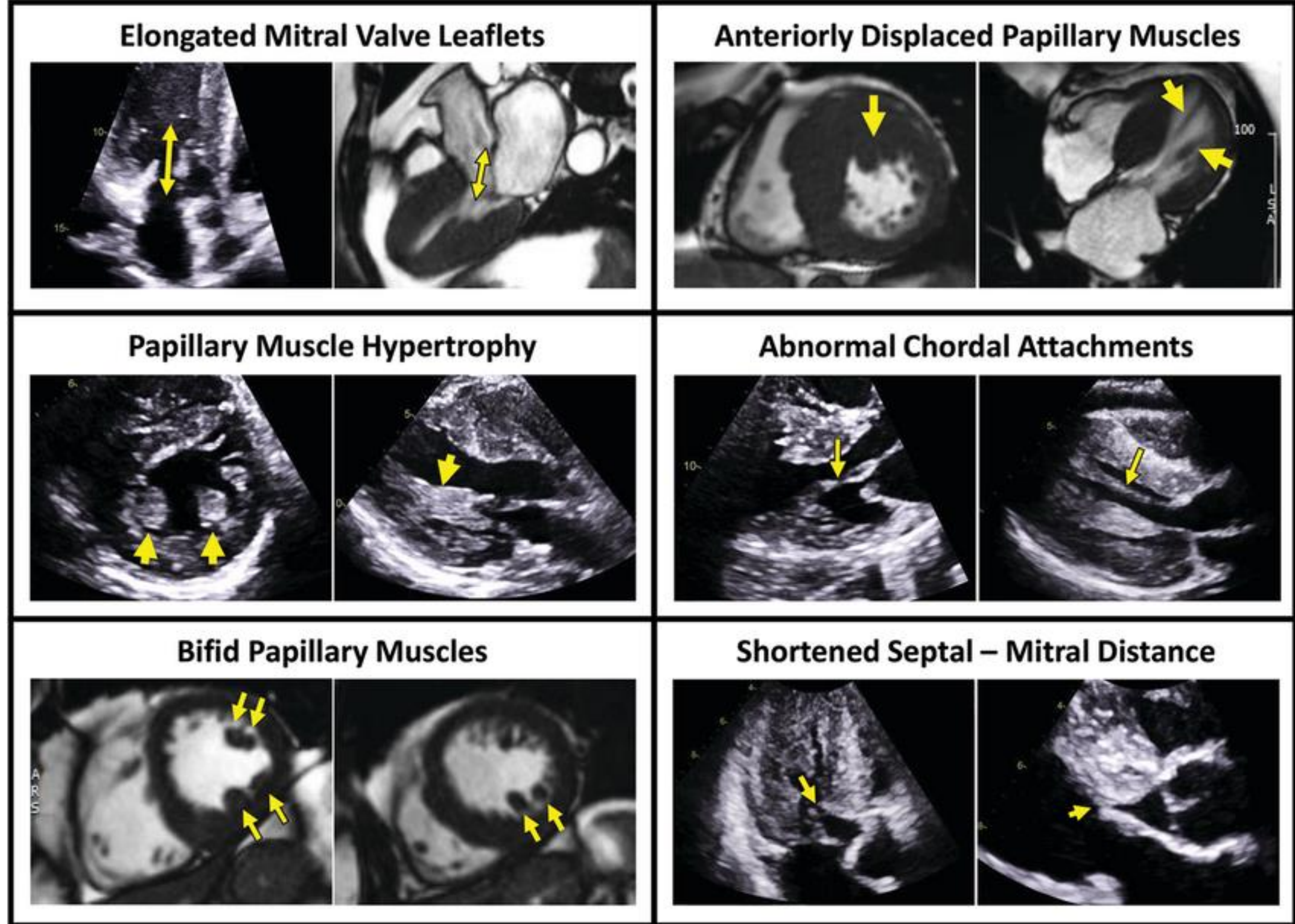


**SAVE  
THE DATE**  
**OCTOBER  
24&25, 2024**



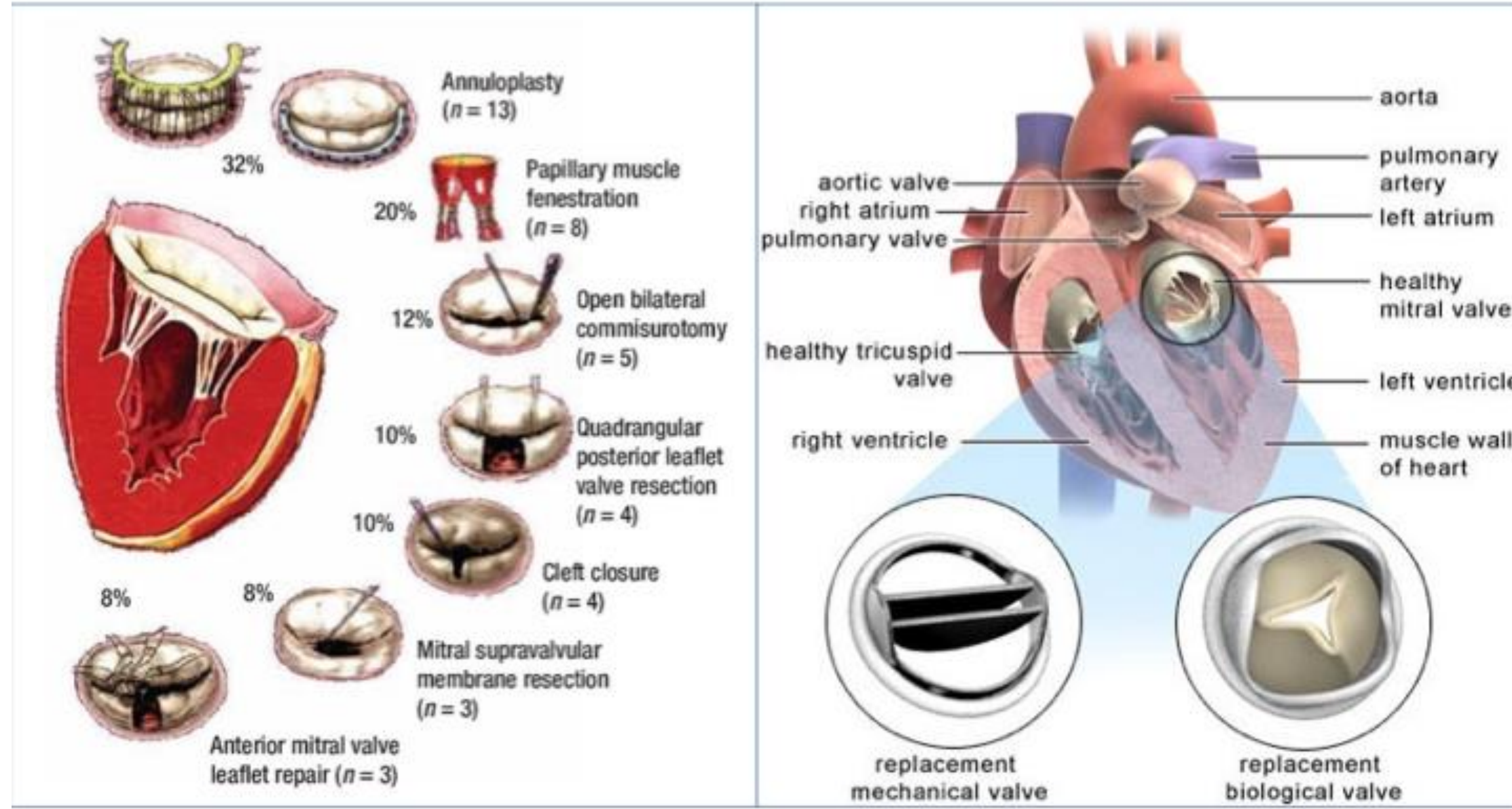


# HOCM with SAM and MR is a complex pathology





# Surgery is the Gold Standard





# Surgery is the Gold Standard

**A**

- Annuloplasty ( $n = 13$ )
- Papillary muscle fenestration ( $n = 8$ )
- Open bilateral commissurotomy ( $n = 5$ )
- Quadrangular posterior leaflet valve resection ( $n = 4$ )
- Cleft closure ( $n = 4$ )
- Supravalvular aortic resection

**B**

- aorta
- aortic valve
- right atrium
- pulmonary valve
- healthy tricuspid valve
- right ventricle
- replacement mechanical valve

**C**

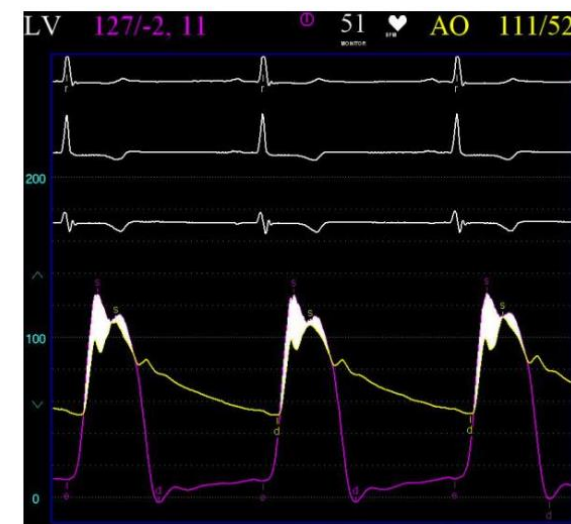
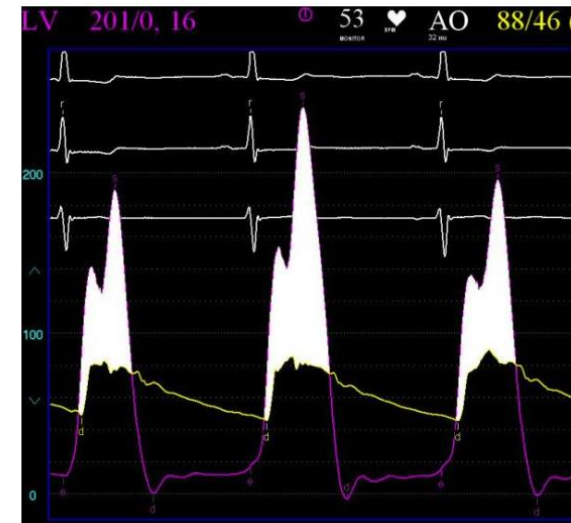
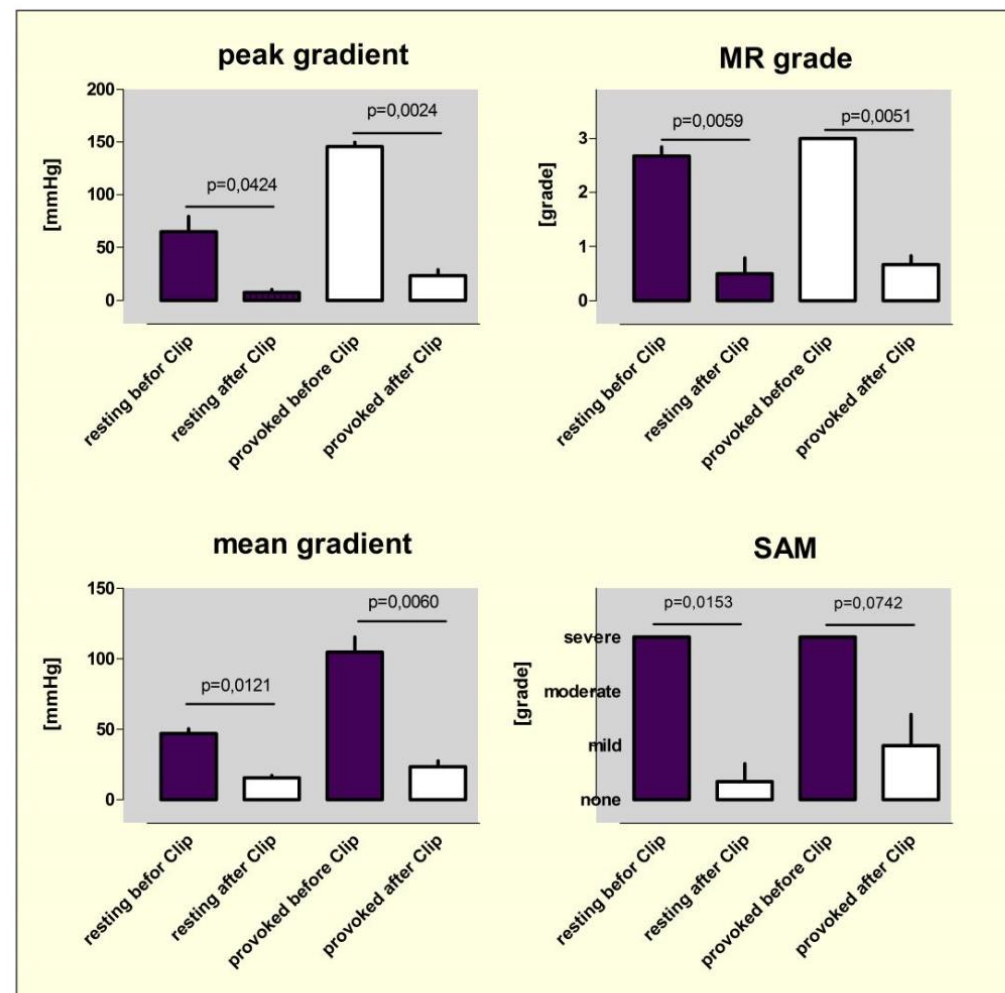
- Hypertrophic cardiomyopathy
- Septal myectomy
- Arch of aorta
- Small left ventricle
- Left atrium
- Mitral valve
- Aortic valve
- Thickened ventricular septum
- Right atrium
- Tricuspid valve
- Right ventricle
- Section to be removed



## Background

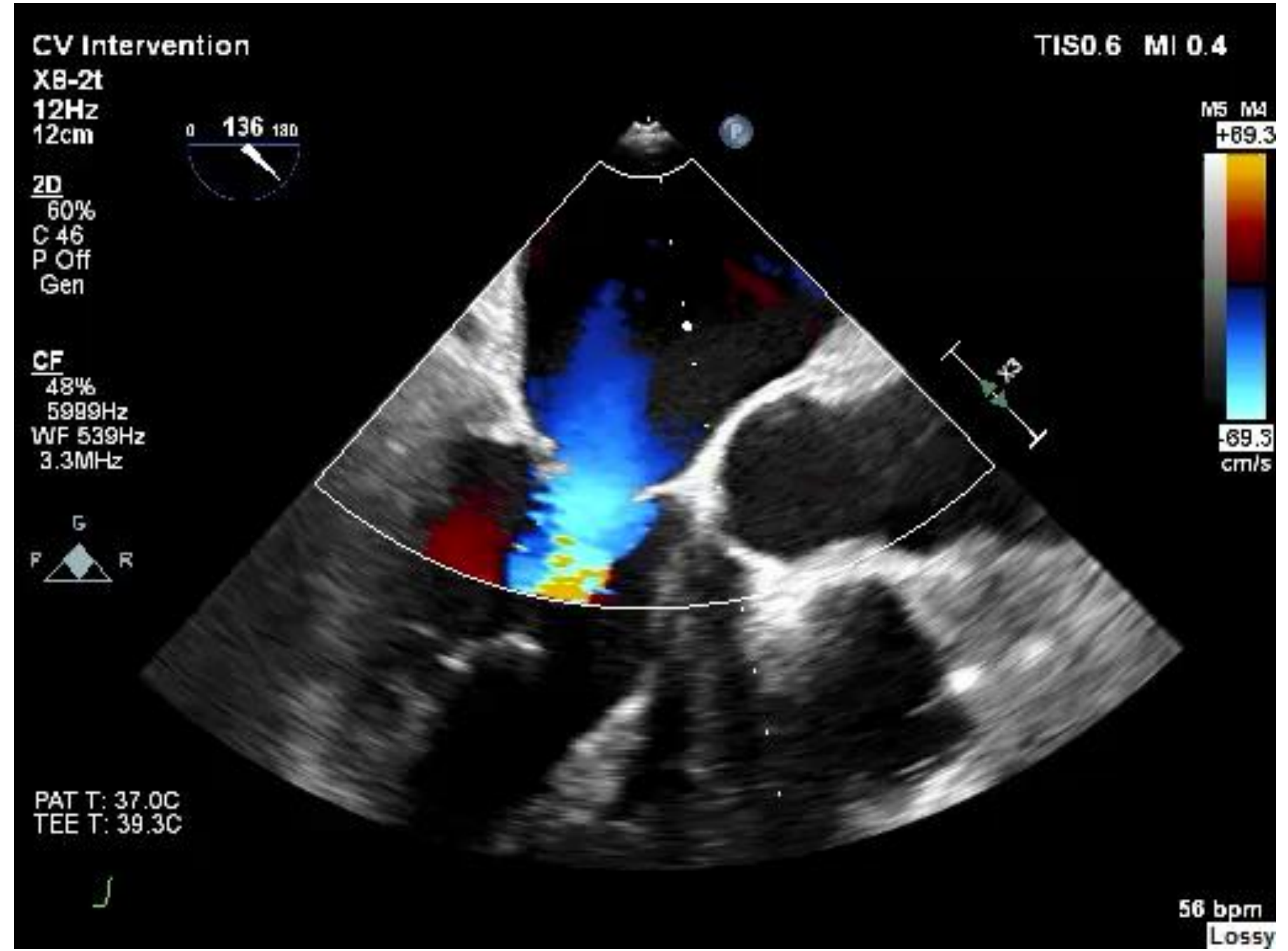
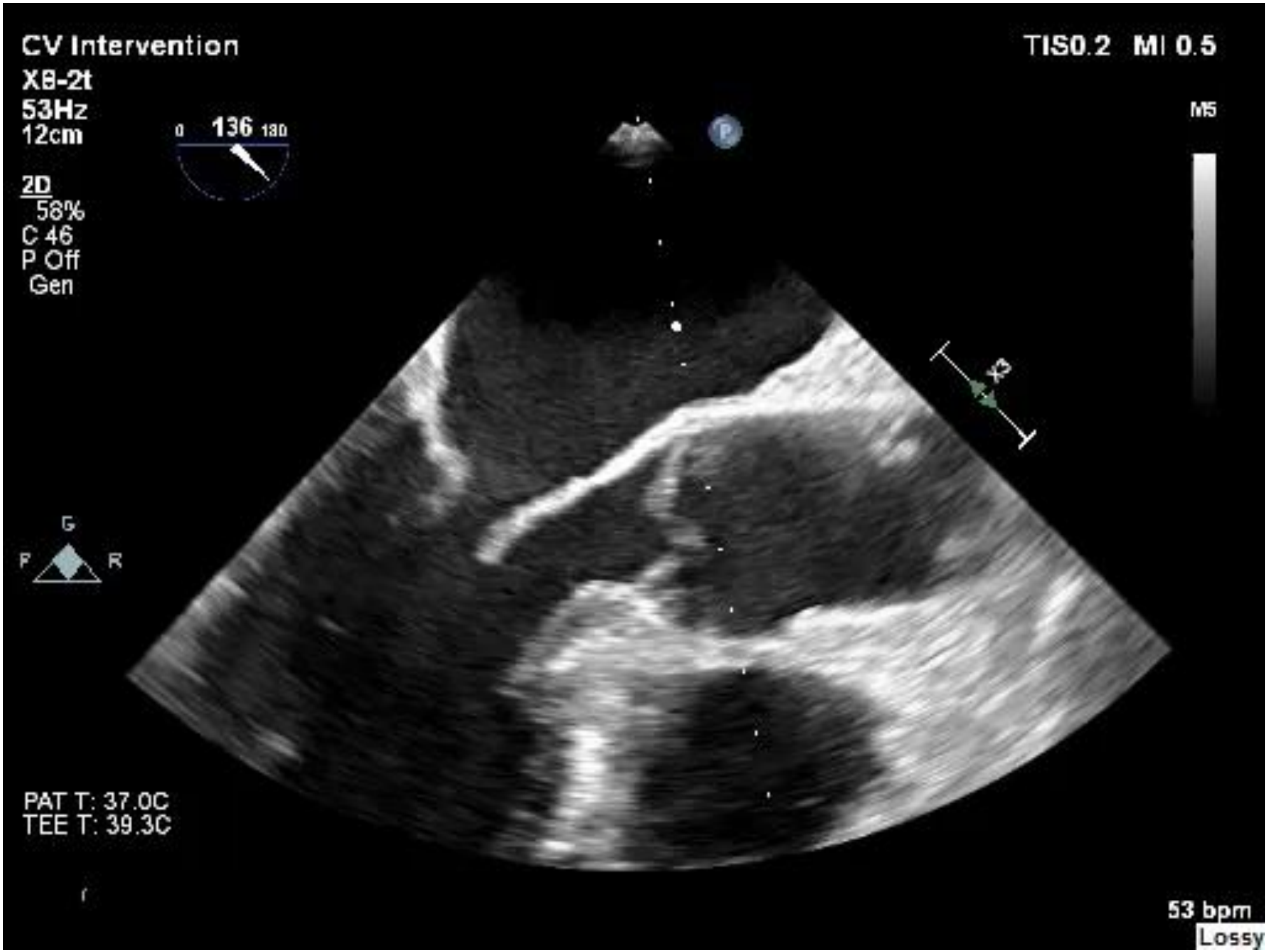
- Hypertrophic obstructive cardiomyopathy (HOCM) with left ventricular outflow tract obstruction frequently involves a systolic anterior motion (SAM) of the anterior mitral leaflet.
- We hypothesized, that SAM could be a new target for MitraClip therapy.

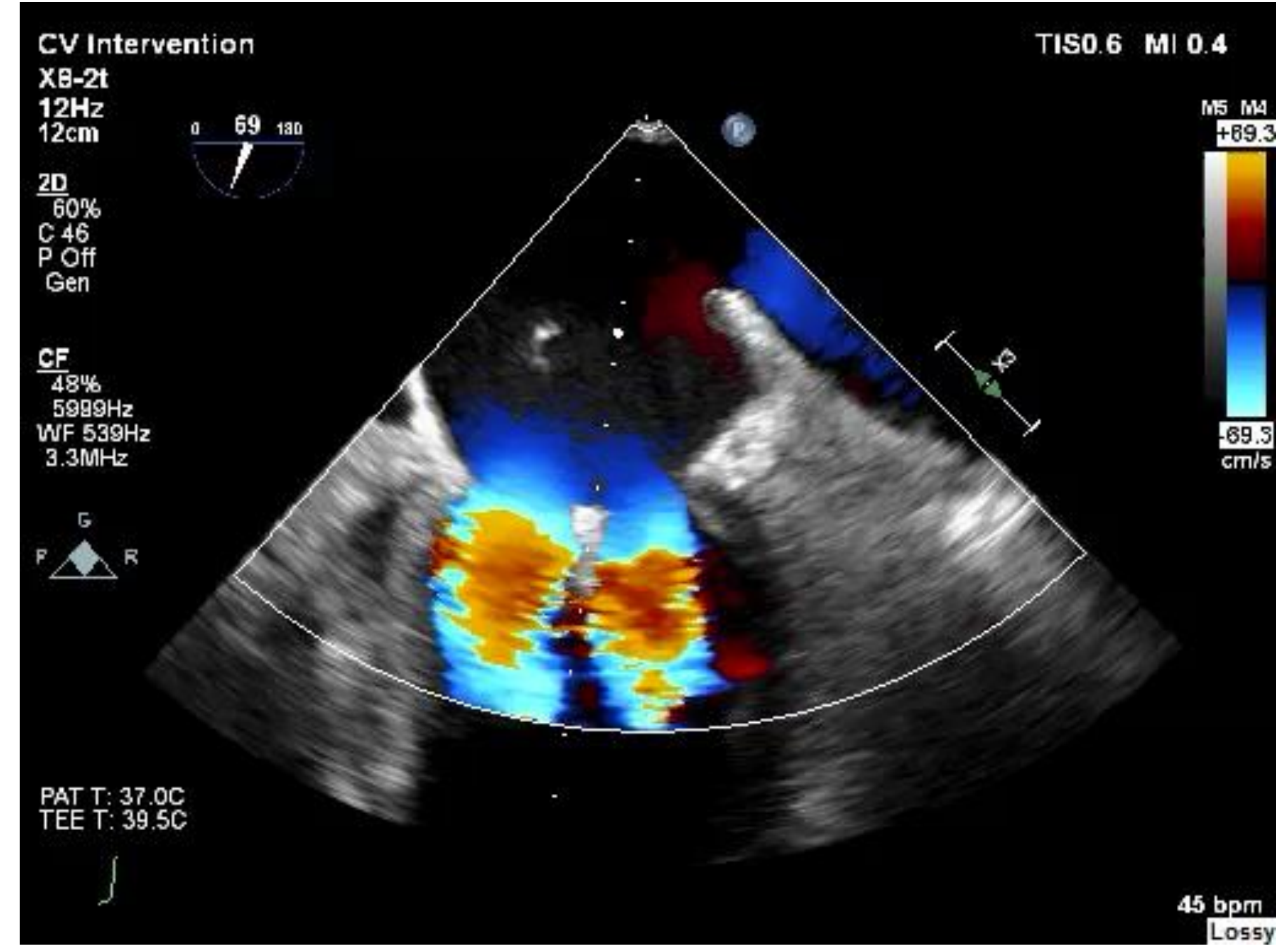
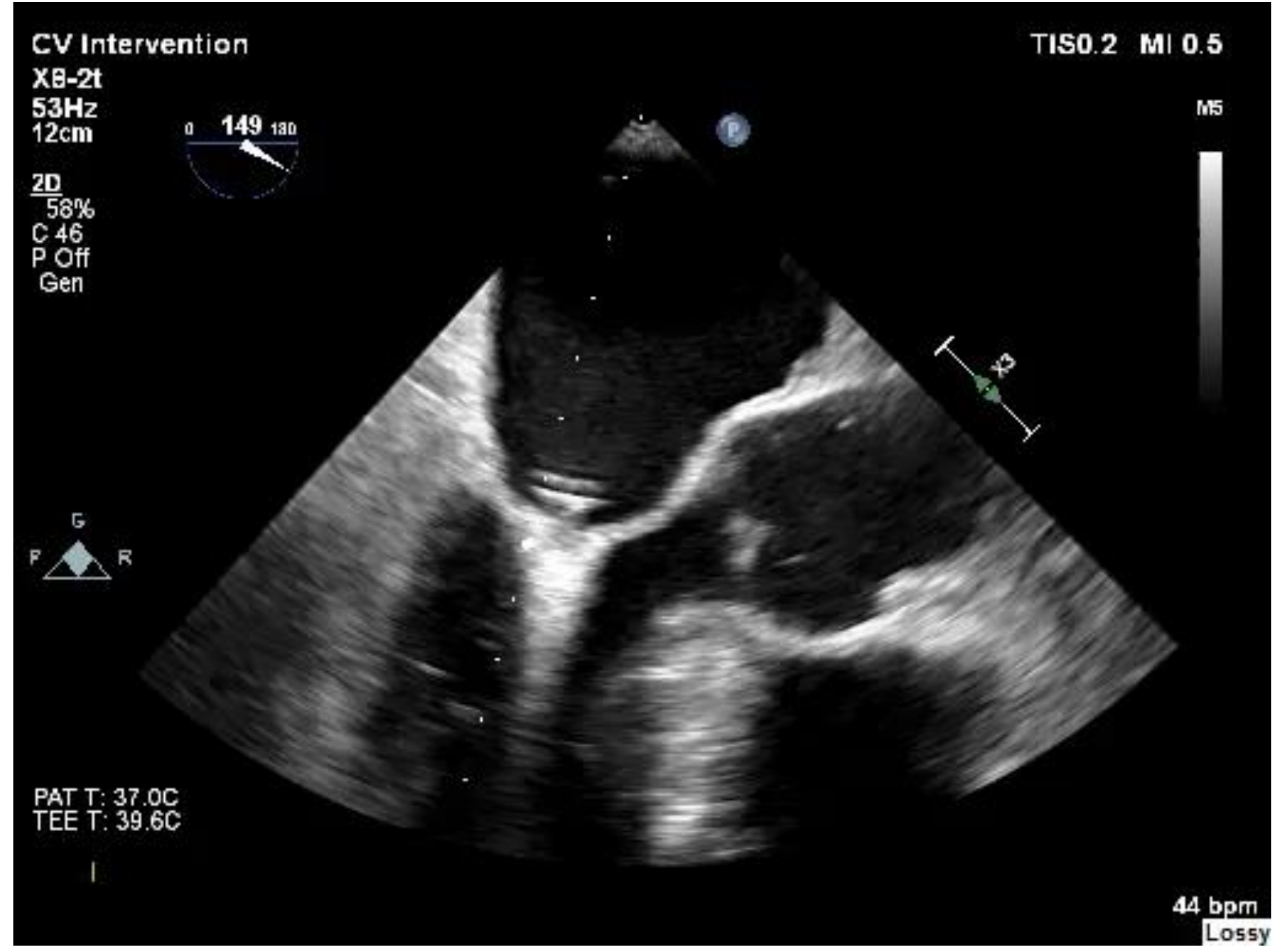
## Results



## Conclusions

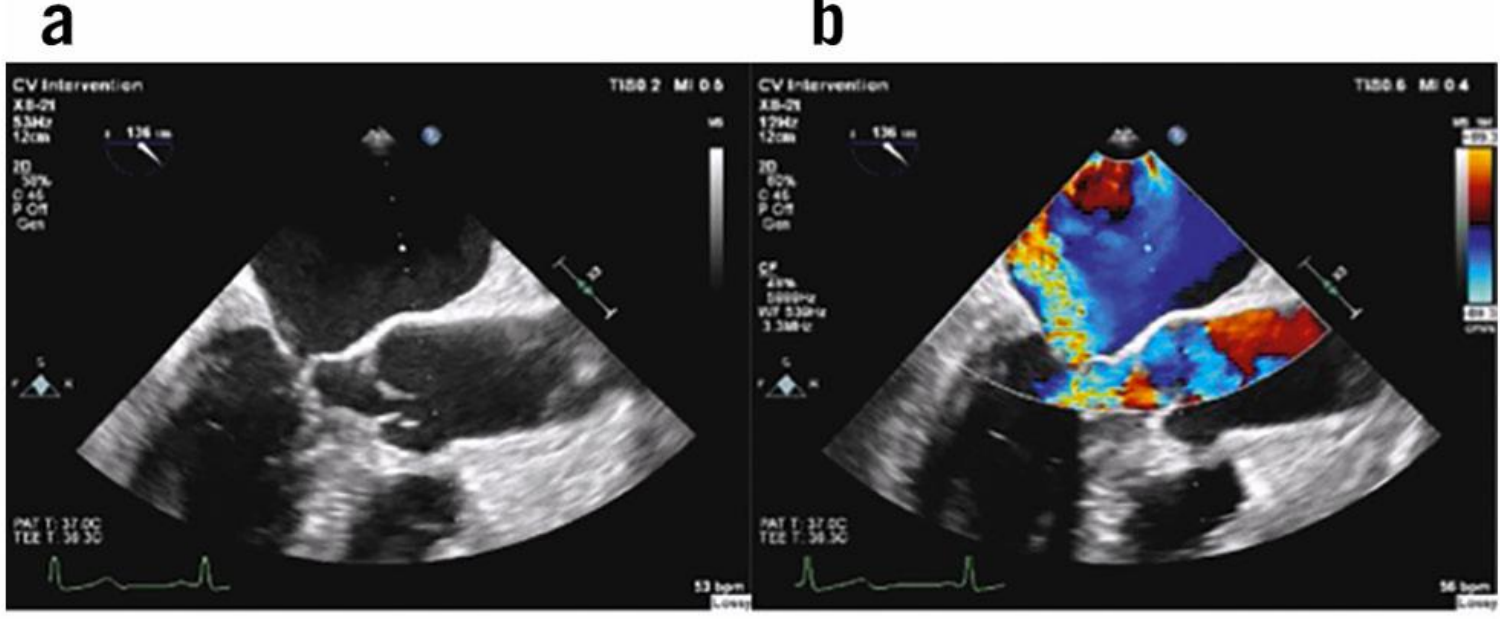
- This is the first catheter-based study targeting primarily a SAM in HOCM to reduce LVOT obstruction.
- The results prove the concept, that SAM is more than an epiphenomenon in HOCM.
- Thus, SAM-induced dynamic obstruction might be a valuable target for the MitraClip.
- More experience in a larger patient subset will be needed to determine true value of this therapy in the future.







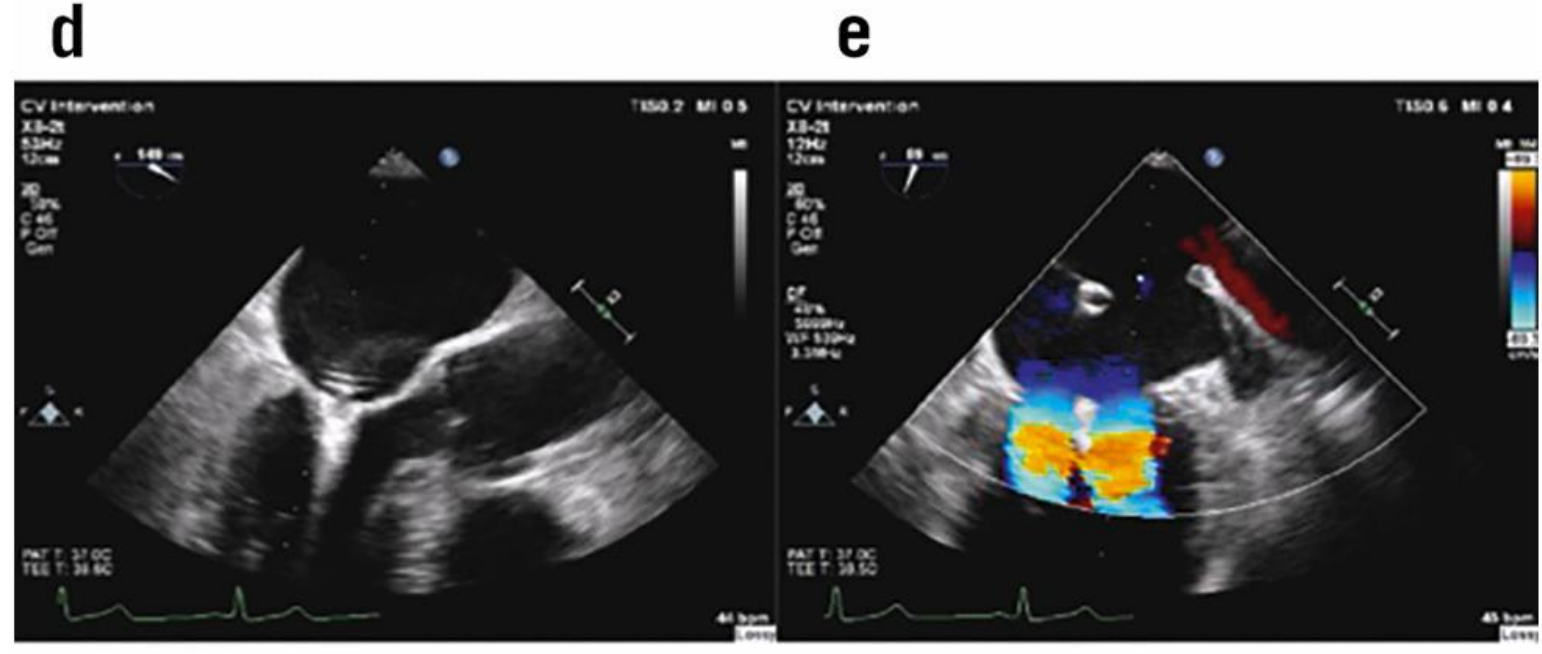
**A) Pre-TEER in HOCM.**



**c**



**B) Post-TEER in HOCM.**

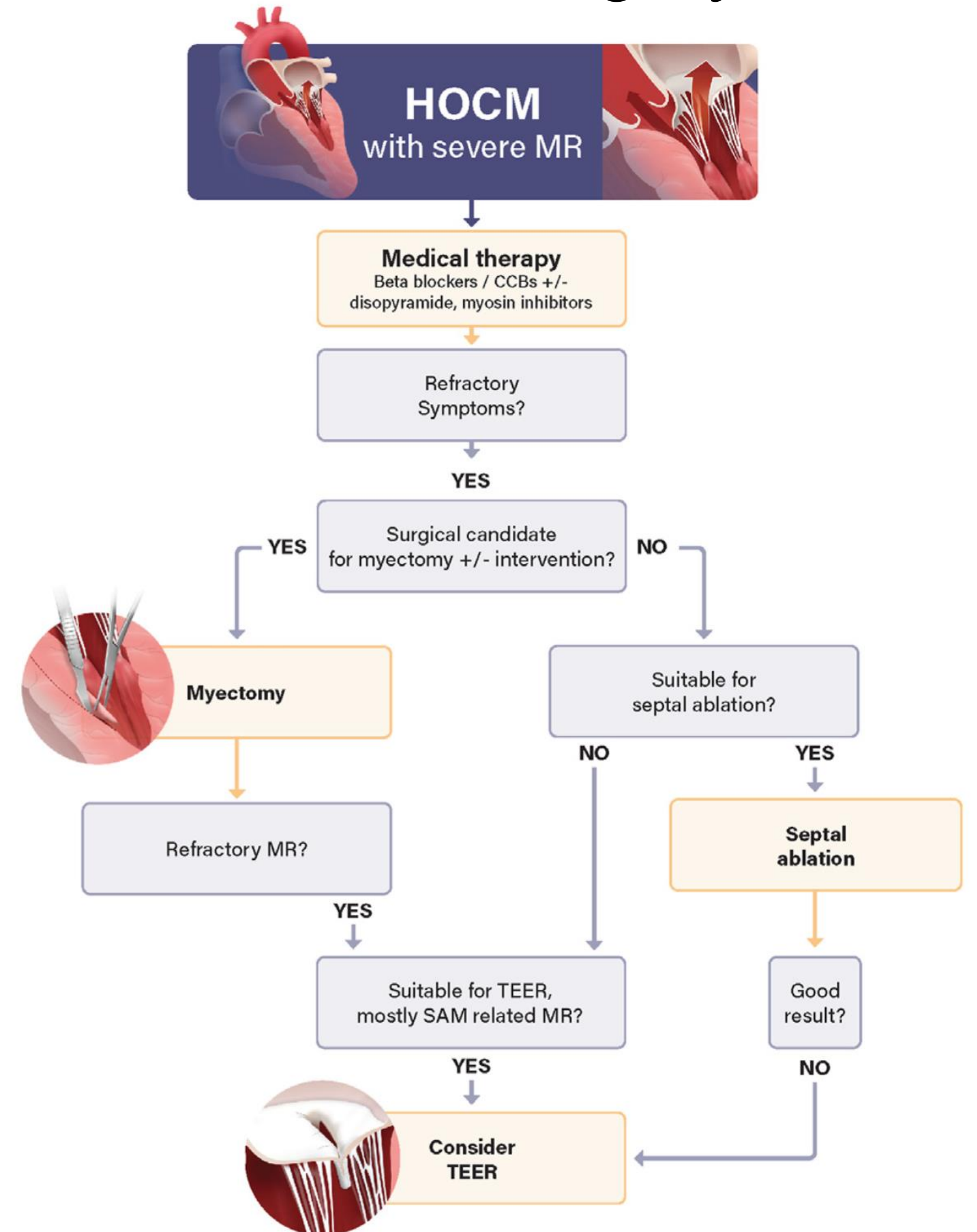


**f**





# TEER or Surgery?



Symptomatic patients with prominent SAM-related MR and LVOT obstruction who are not candidates for alcohol septal ablation or deemed high risk for surgical intervention should be considered for TEER.