

EUROVALVE

VAN DER VALK SELYS HOTEL
LIÈGE



**SAVE
THE DATE**
**SEPTEMBER
25&26 2025**



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MAC insights: pathophysiology & imaging

Augustin Coisne, MD, PhD, FESC

Professor in Cardiology

Coordinator of the Valves Center

Department of Echocardiography and Cardiovascular Physiology

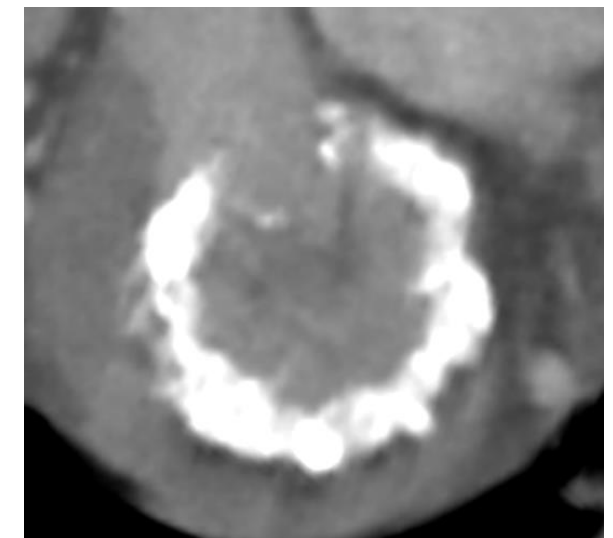
Lille University Hospital, Lille, France



Definition

Deposition of calcium in and around the fibrous base of the mitral valve

- **Prevalence**: 8-15% in the general population (>40% in elderly patients)
- **Posterior annulus** > Anterior annulus involvement
- Dominant etiology of **Mitral Stenosis** in Western populations
but: MAC with elevated transmitral gradient in only 0.2-2.5%
- Factors associated with **MAC incidence**
age, female gender, diabetes, smoking, hypertension, ethnicity, obesity, inflammation, renal failure, aortic stenosis, prior chest radiation



Epidemiology

The Framingham Heart Study

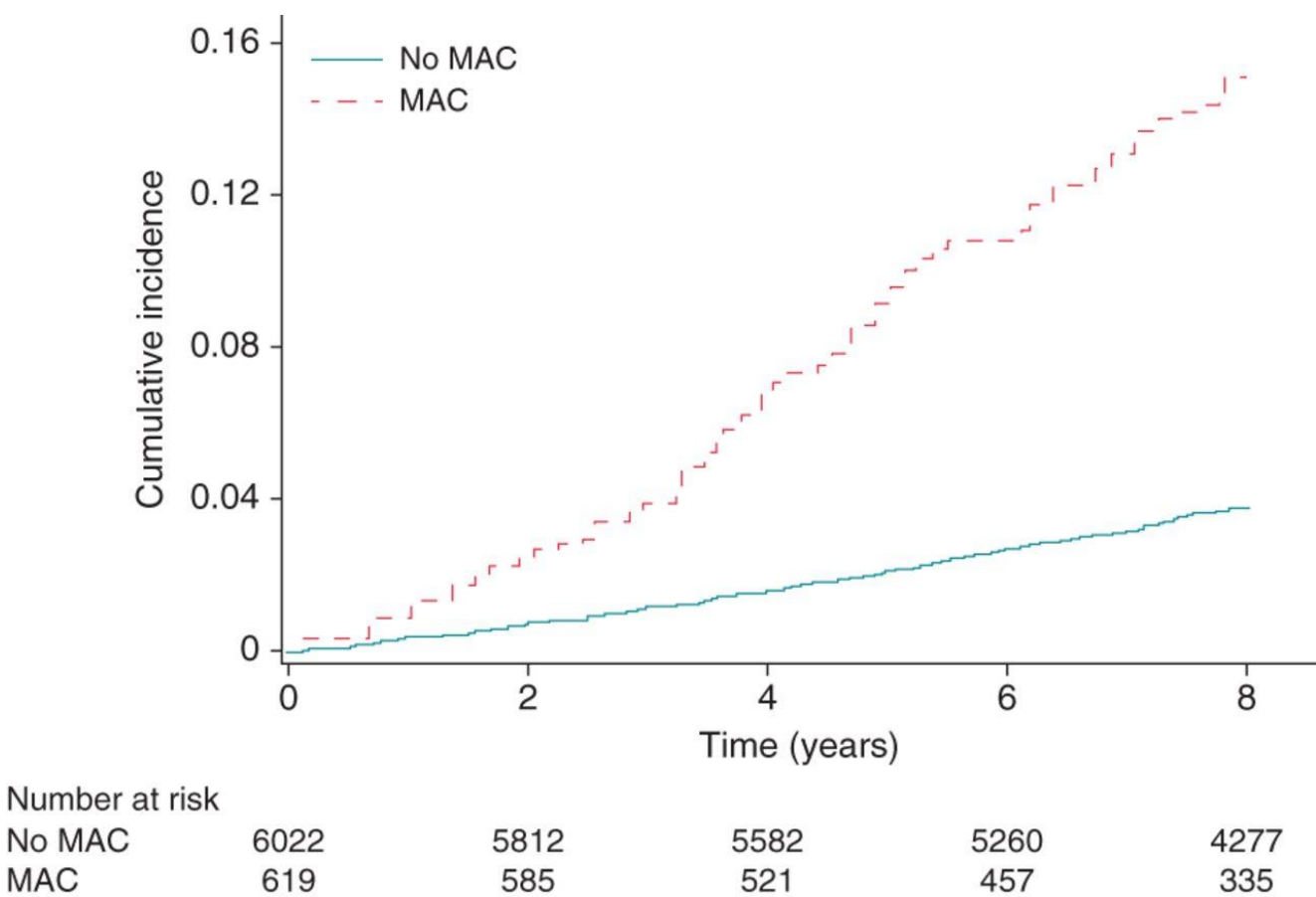
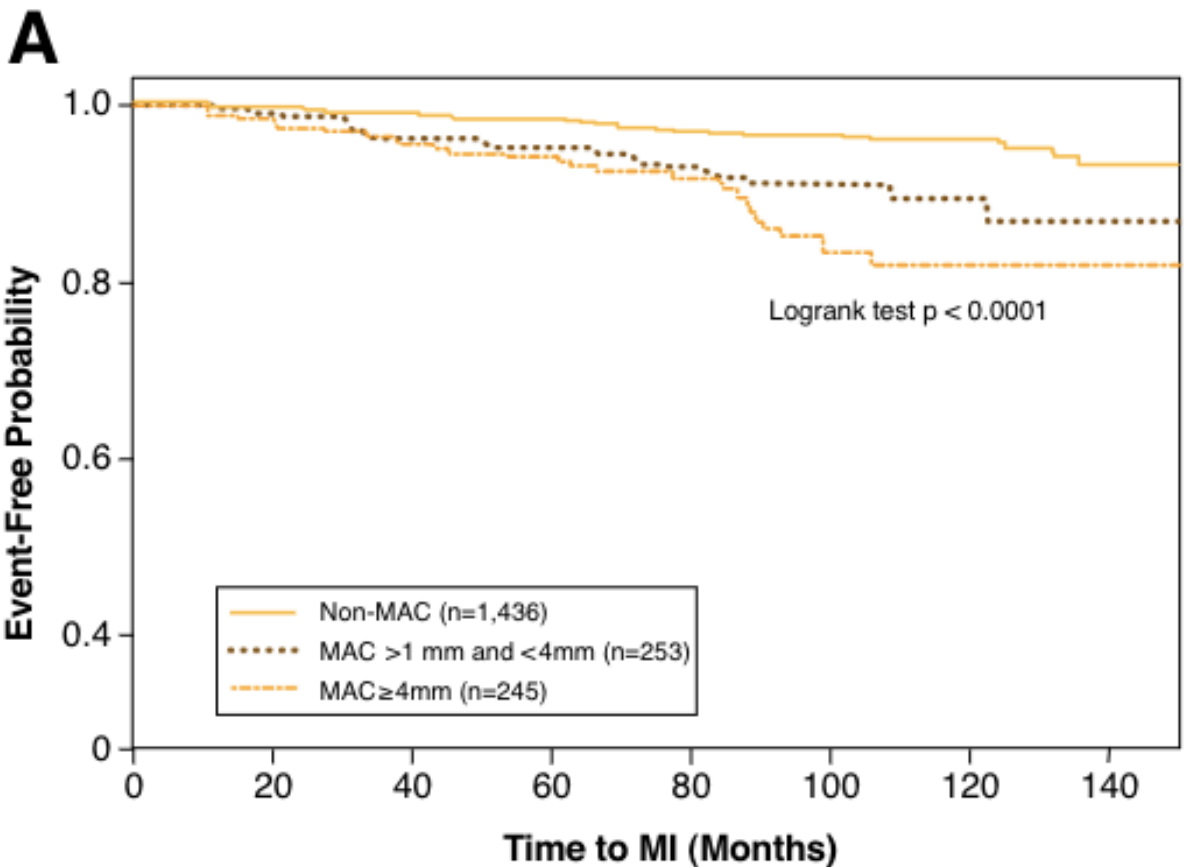
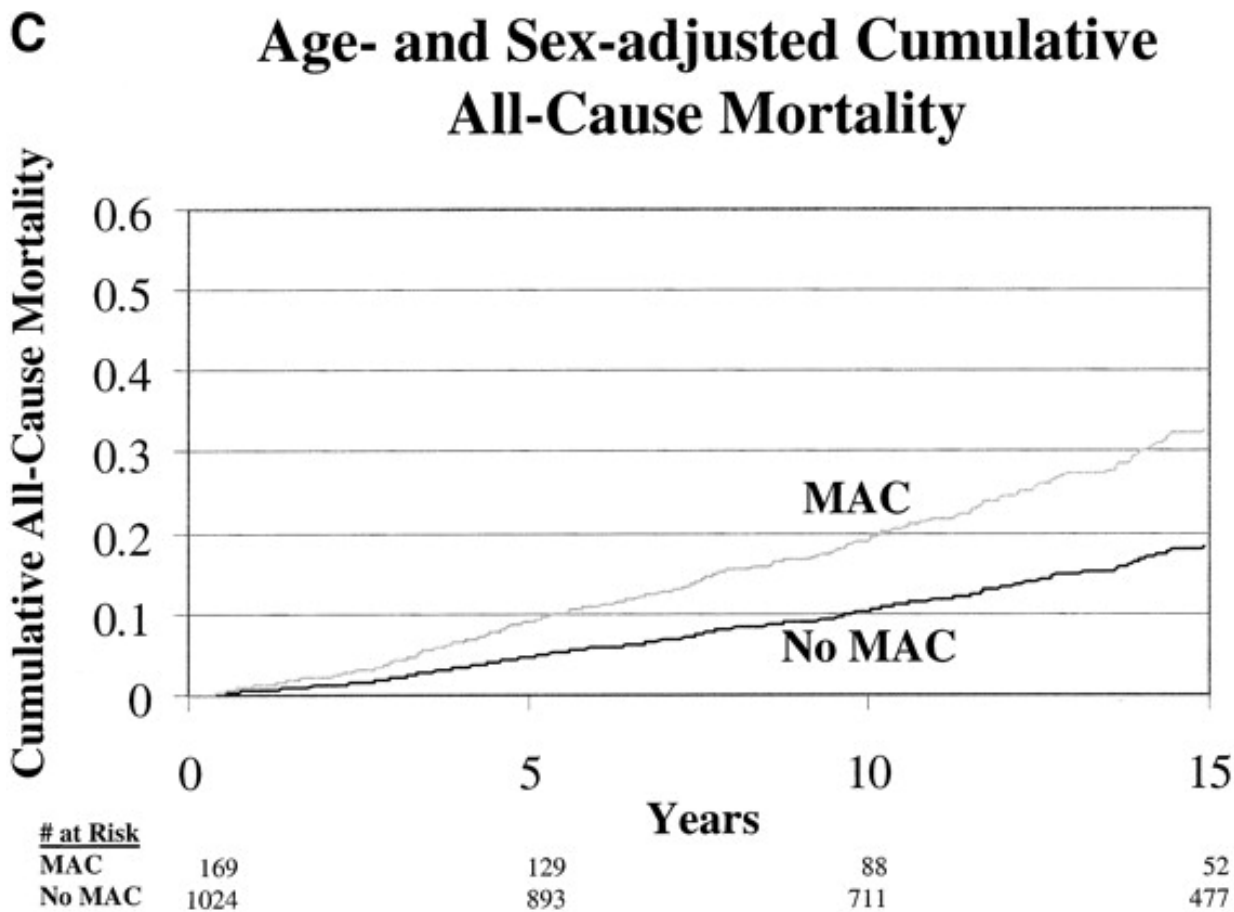
- 1,197 patients (1979-1981)
- with available echo data on MAC
- follow-up (CVD events): 16 years

The Northern Manhattan Study

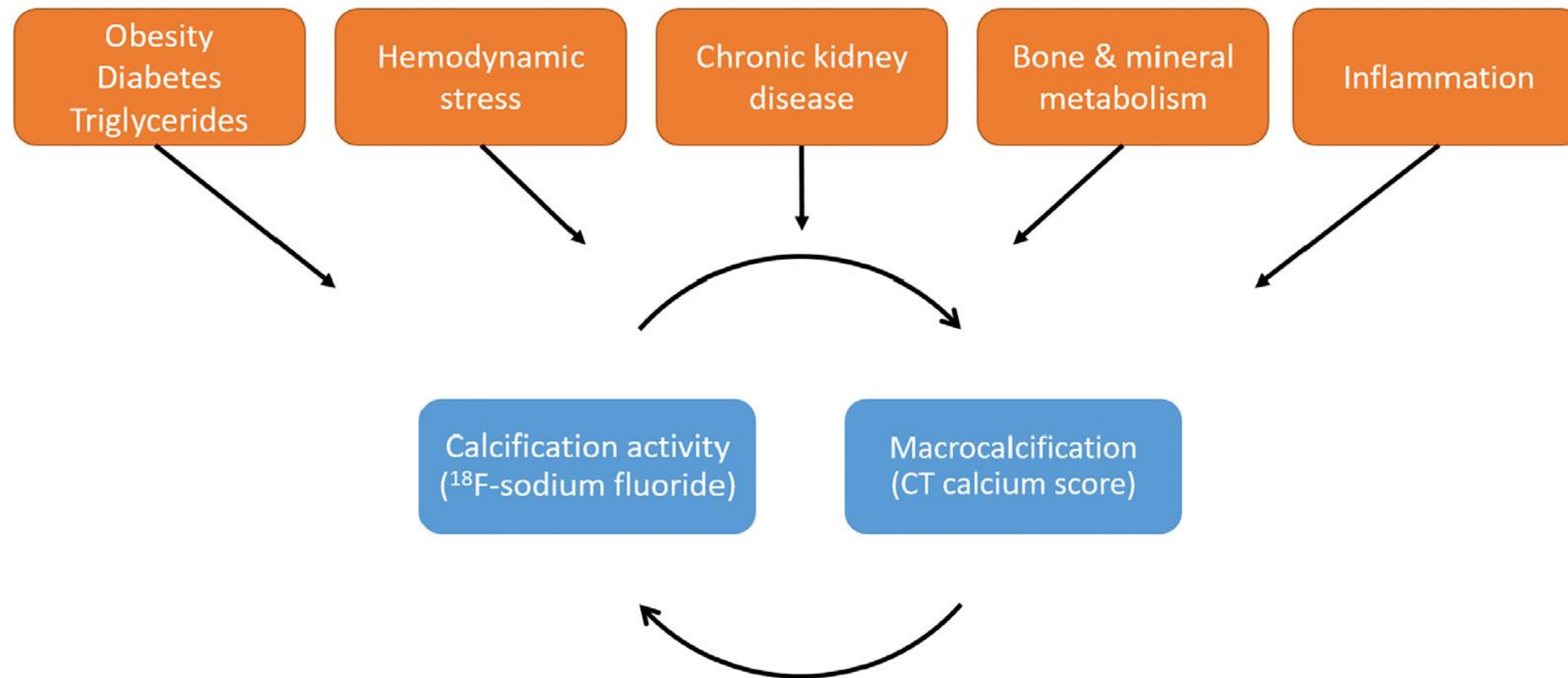
- 1,955 patients (1993-2001)
- 2D-TTE MAC assessment
- Mean follow-up: 7.4 years

Multi-Ethnic Study of Atherosclerosis (MESA)

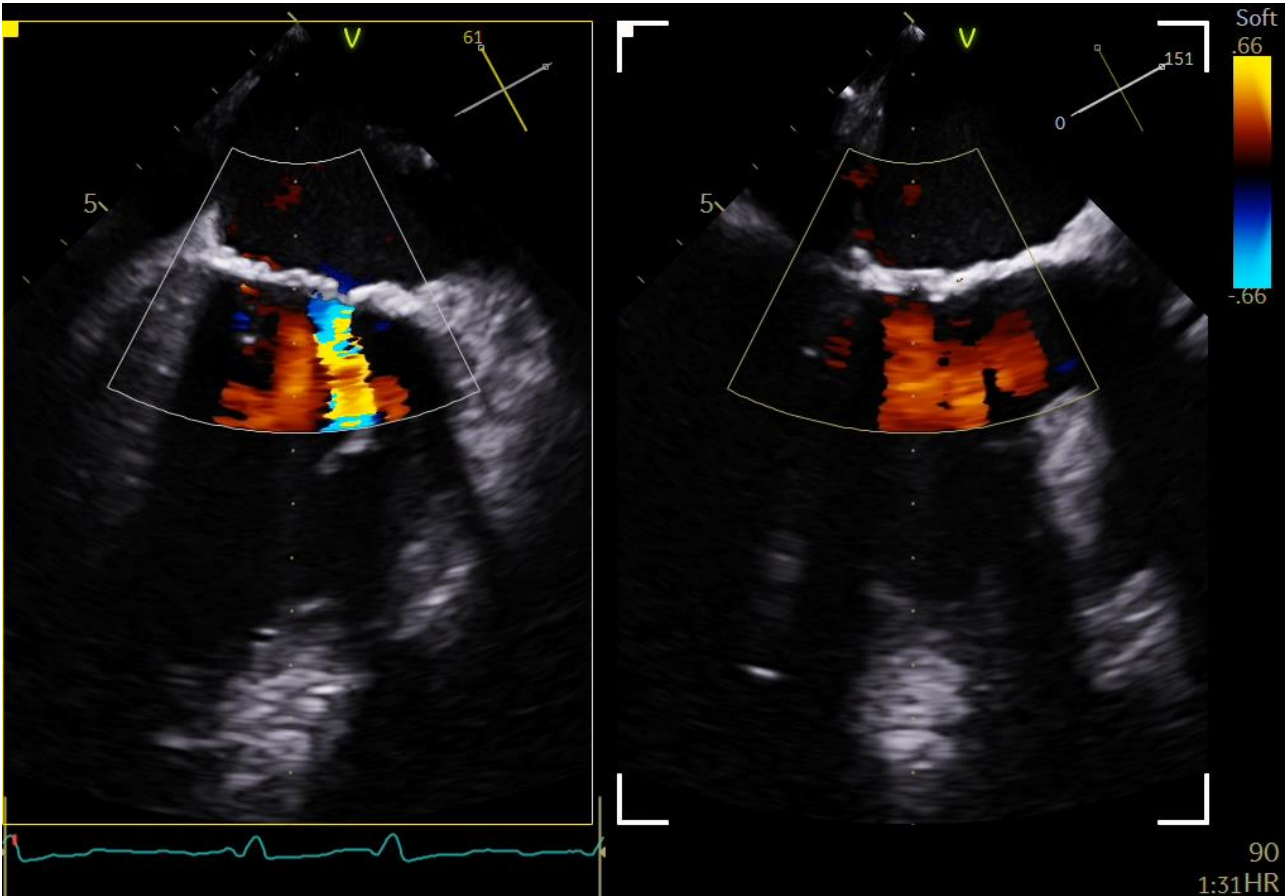
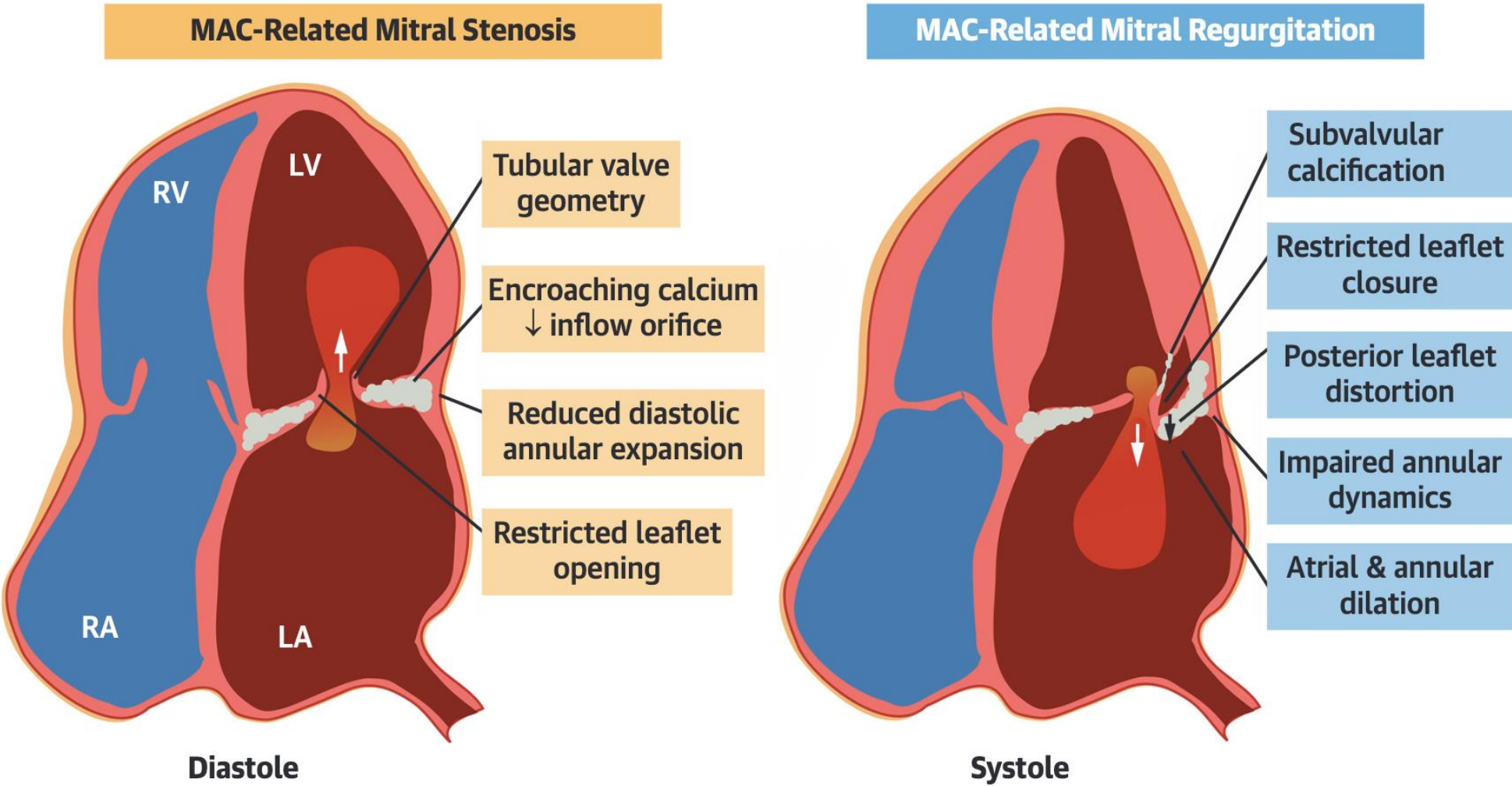
- 6,641 patients (2000-2002)
- with available CT data on MAC
- MAC = Agatston score >0
- Median follow-up: 8.5 years



the vicious cycle of calcification activity



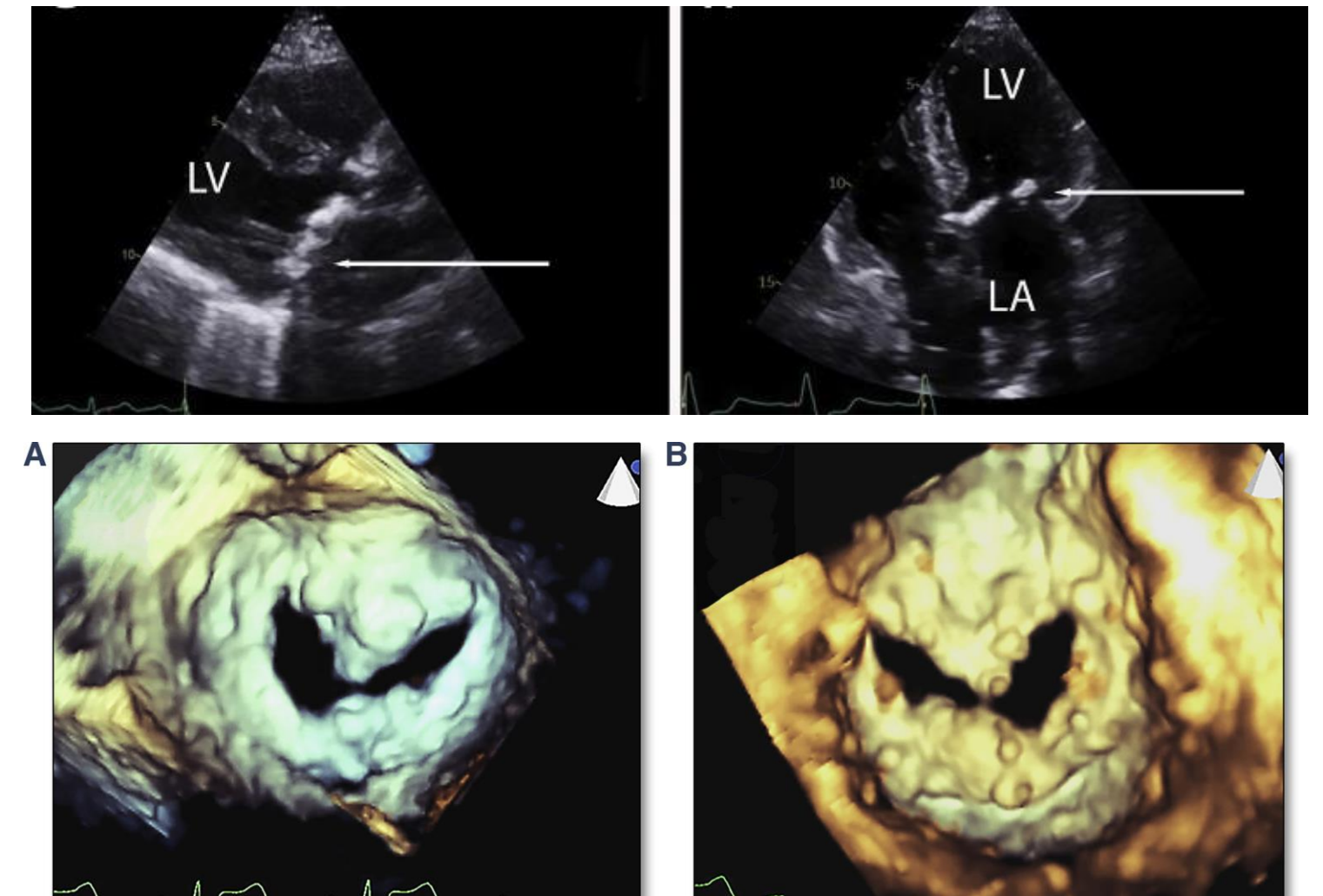
MAC-related MV disease



Severe MAC-Related Mitral Valve Dysfunction		
Stenosis	Mixed Valve Disease	Regurgitation
OR		
MVA ≤1.5 cm ²	TMG >8-10 mm Hg	MR > Moderate

Echocardiography



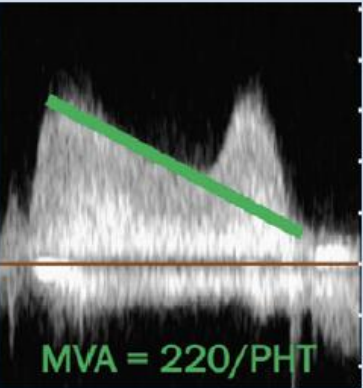
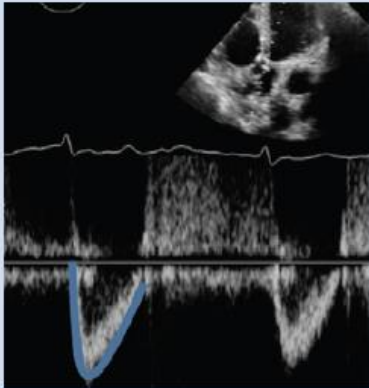
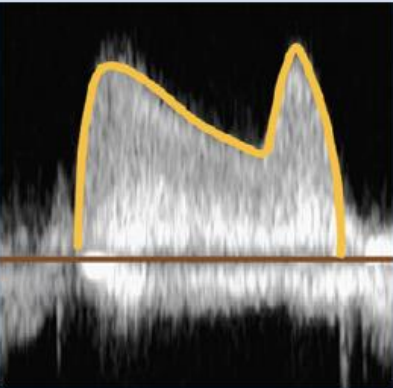
- Visualized as an echodense structure
- Irregular, lumpy appearance
- Acoustic shadowing
- Gold standard for assessment of **degree and type of MVD**



BUT: May not accurately distinguish between dense collagen and true calcification

MAC-related MV disease

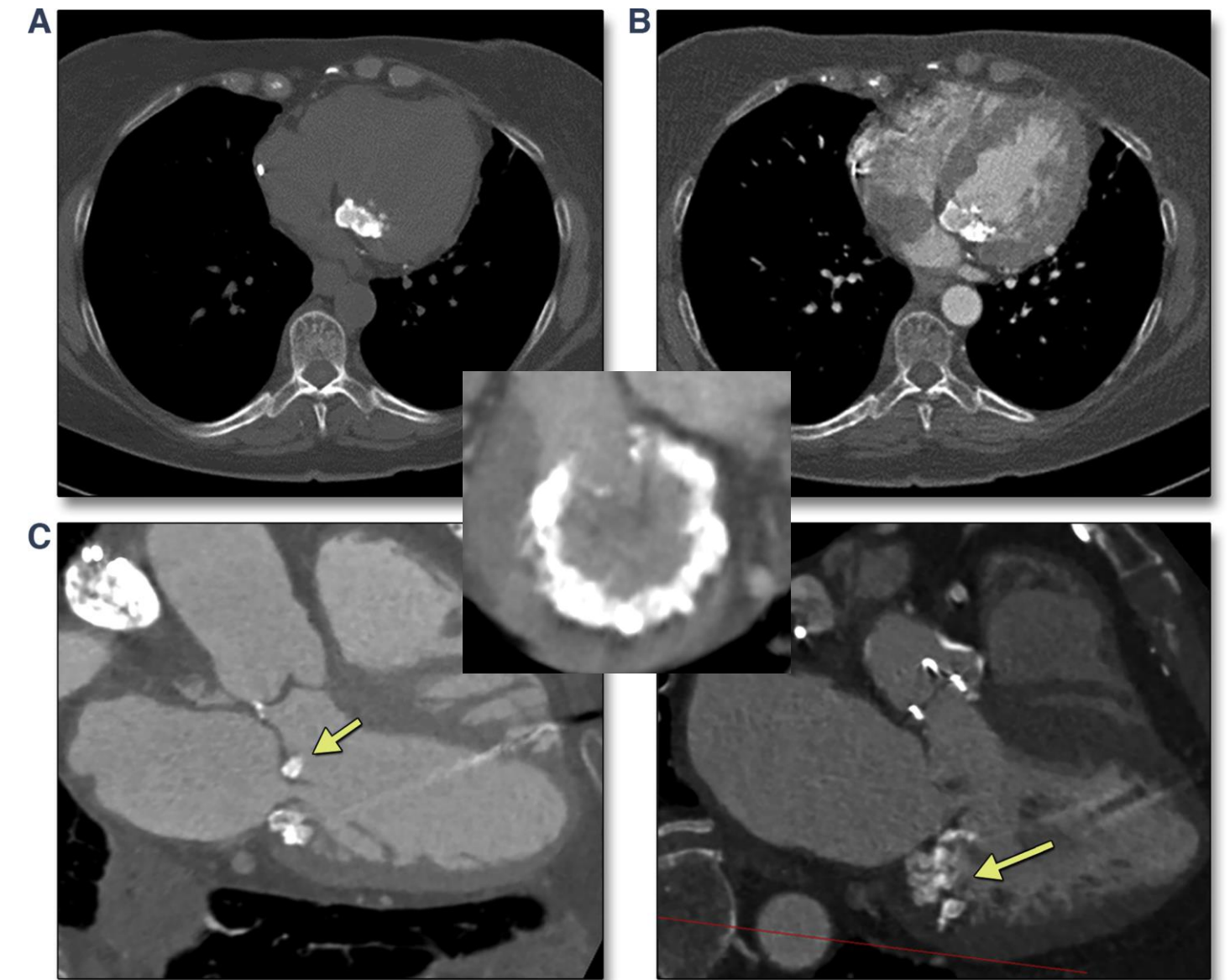
Challenges of Echocardiographic Assessment in MAC-Related MV Dysfunction

	Mitral Valve Area (MVA)				Pressure Gradient
	2D Planimetry	3D Planimetry	Pressure Half-Time (PHT)	Continuity Equation	Mean Pressure Gradient
					
Description	Direct planimetry of the valve opening orifice	Planimetry of MVA from 3D dataset	Empiric calculation extrapolated from rheumatic MS	Calculates MVA based on MV flow and LVOT stroke volume	Mean pressure gradient using continuous wave doppler
Limitations	Poor image quality in presence of MAC	TTE images often inadequate, need for TEE	Overestimates MVA in case of decreased LA/LV compliance	Unreliable in moderate or more MR or AR, irregular rhythms	Flow dependent (heart rate and rhythm, high output states)
Challenges in MAC	Orifice nonplanar, not located at leaflet tips Shadowing due to calcium	Technically difficult Time consuming Acoustic shadowing	MAC population often LVH, AS, decreased compliance	MAC is typically "mixed" VHD, with often some degree of MR; AF common	Heart rate Impact of diastolic dysfunction

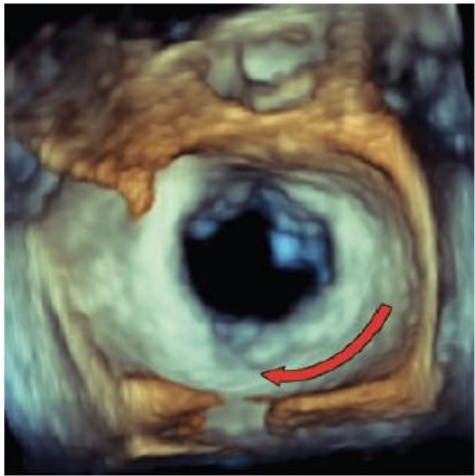

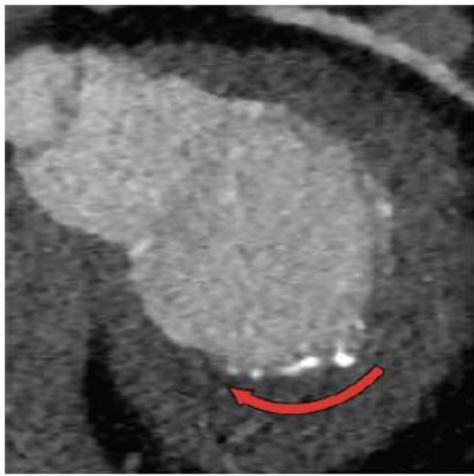

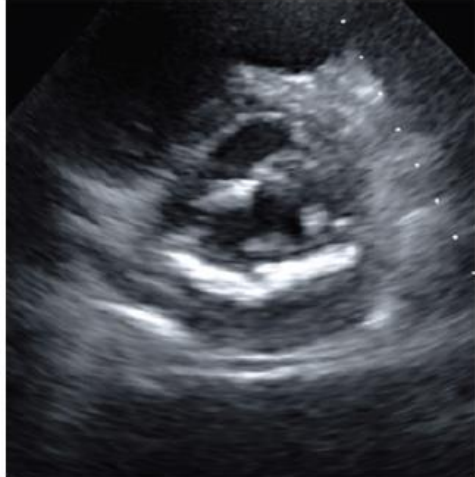
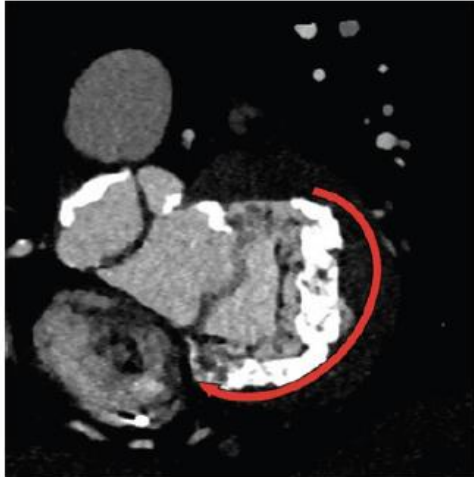

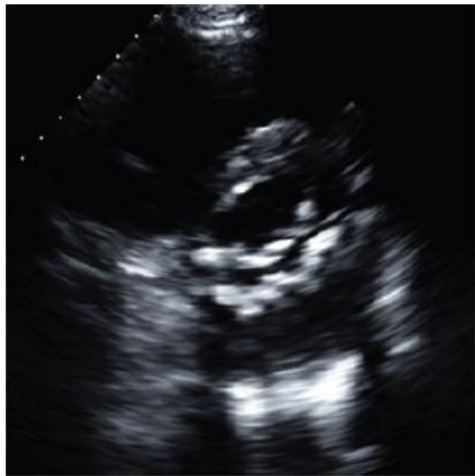
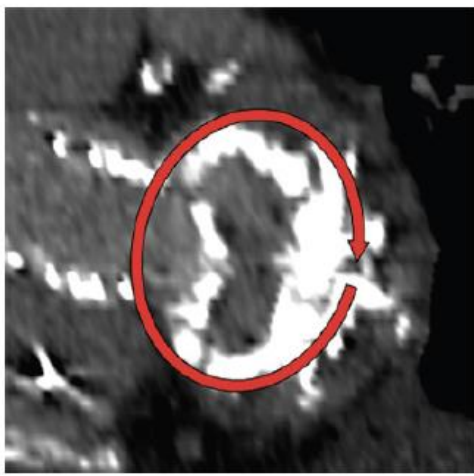
CT-scan

- High degree of spatial resolution
- Standardized quantification
- (non-contrast CT: Agatston Units)
- Assessment of the exact extent and localisation of MAC (MPR)

Gold standard for MAC classification and pre-procedural planning

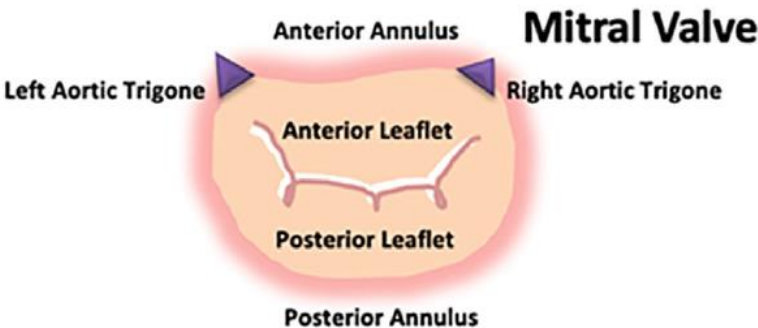
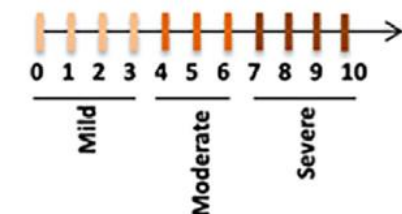


MAC grading

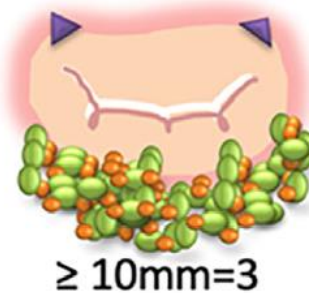
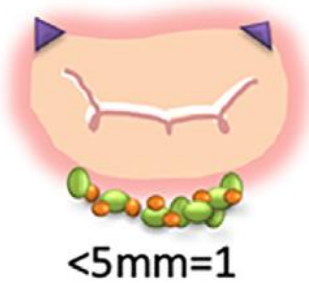
	Calcium Burden	Echocardiography		Computed Tomography
Mild	<div><div>Eleid: Grade 1</div><div><180° annulus</div><div>Xu: Grades 1-2</div></div>			
Moderate	<div><div>Eleid: Grade 2</div><div>180° to 270°</div><div>Xu: Grade 3</div></div>			
Severe	<div><div>Eleid: Grade 3</div><div>270° to circumferential</div><div>Xu: Grade 4</div></div>			

MAC grading

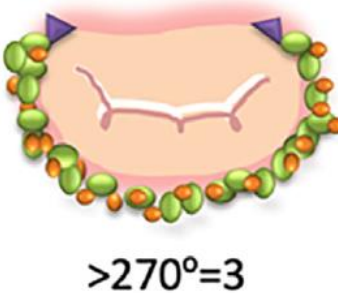
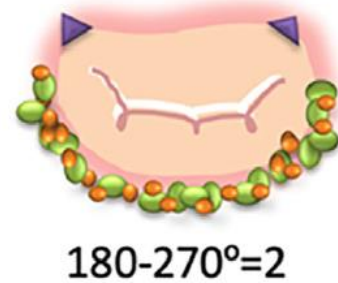
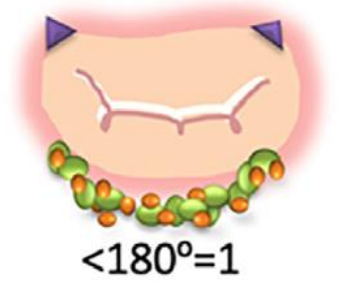
CT-Based MAC Score



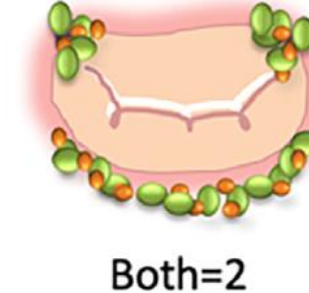
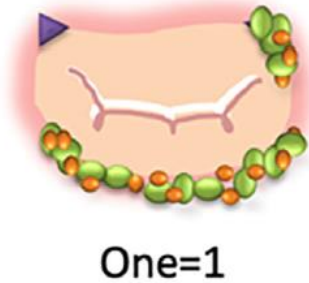
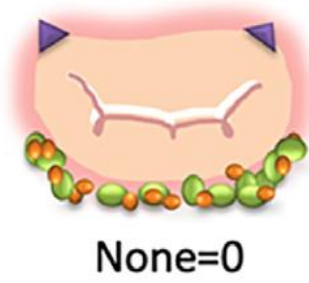
I. Calcium Thickness



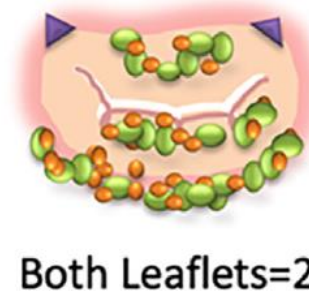
II. Calcium Distribution



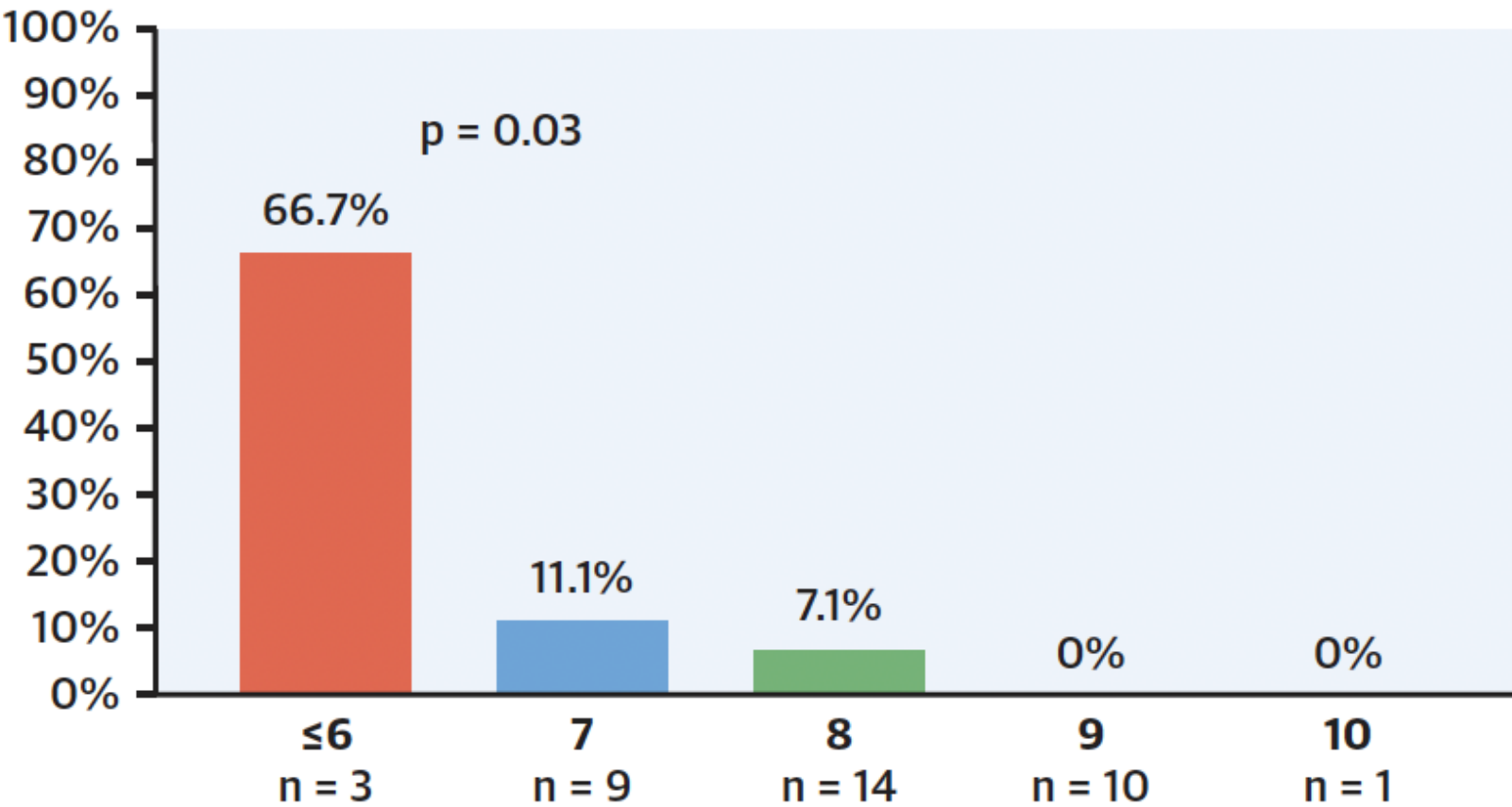
III. Trigone Involvement



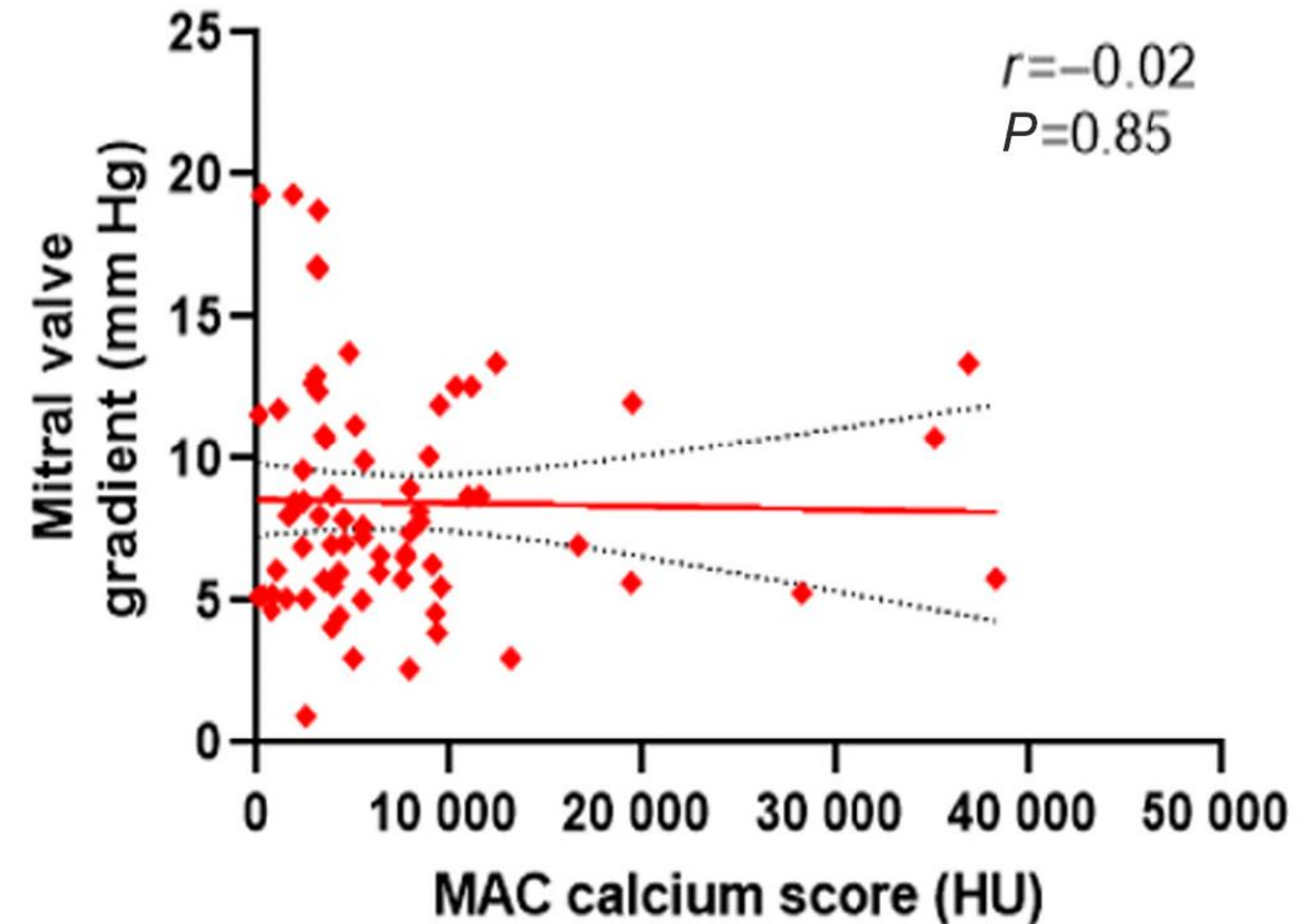
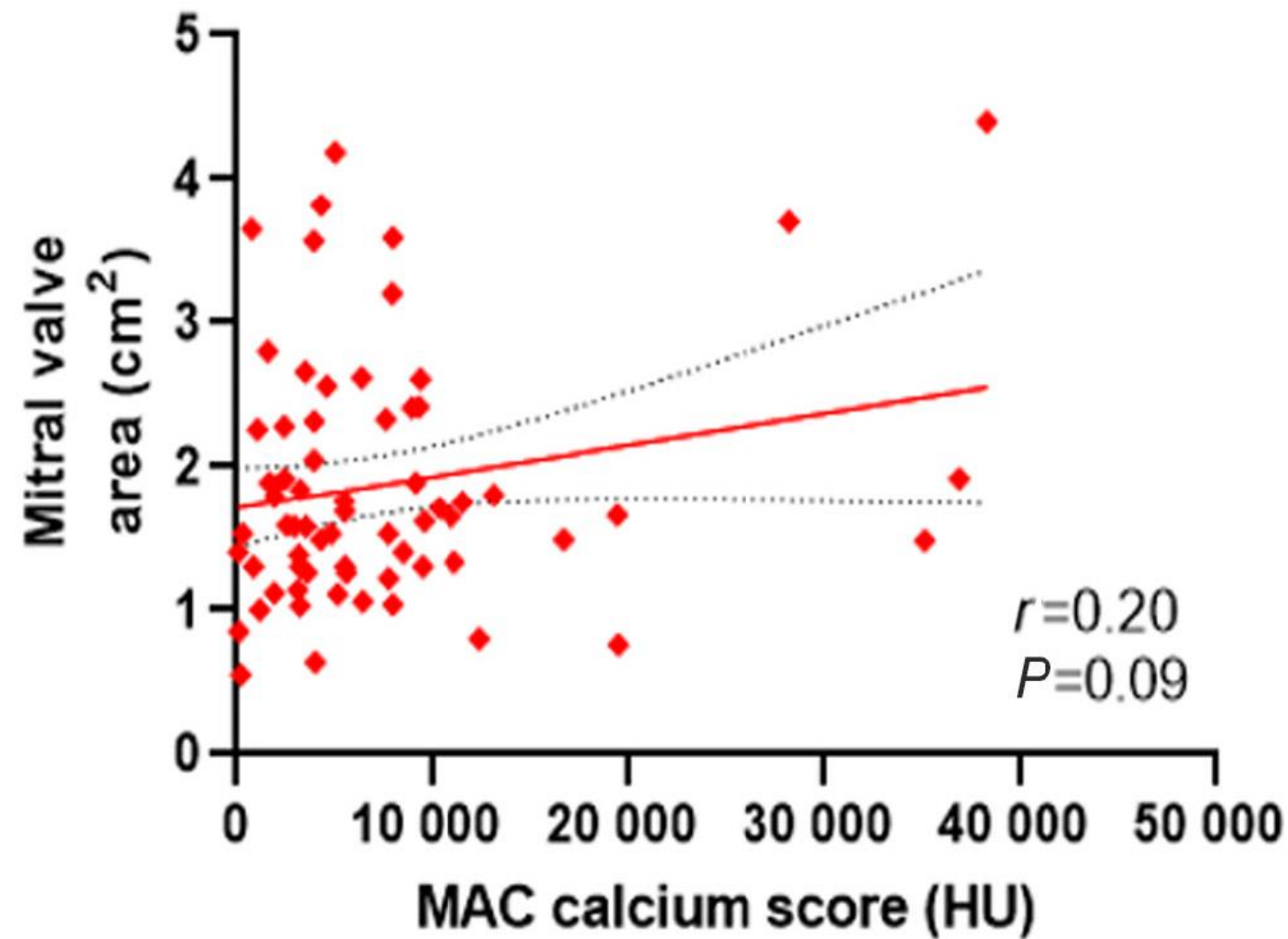
IV. Leaflet Involvement



Migration Rate According to MAC Score in Adequate Size THV
(Embolizations = 0, Migrations = 4)

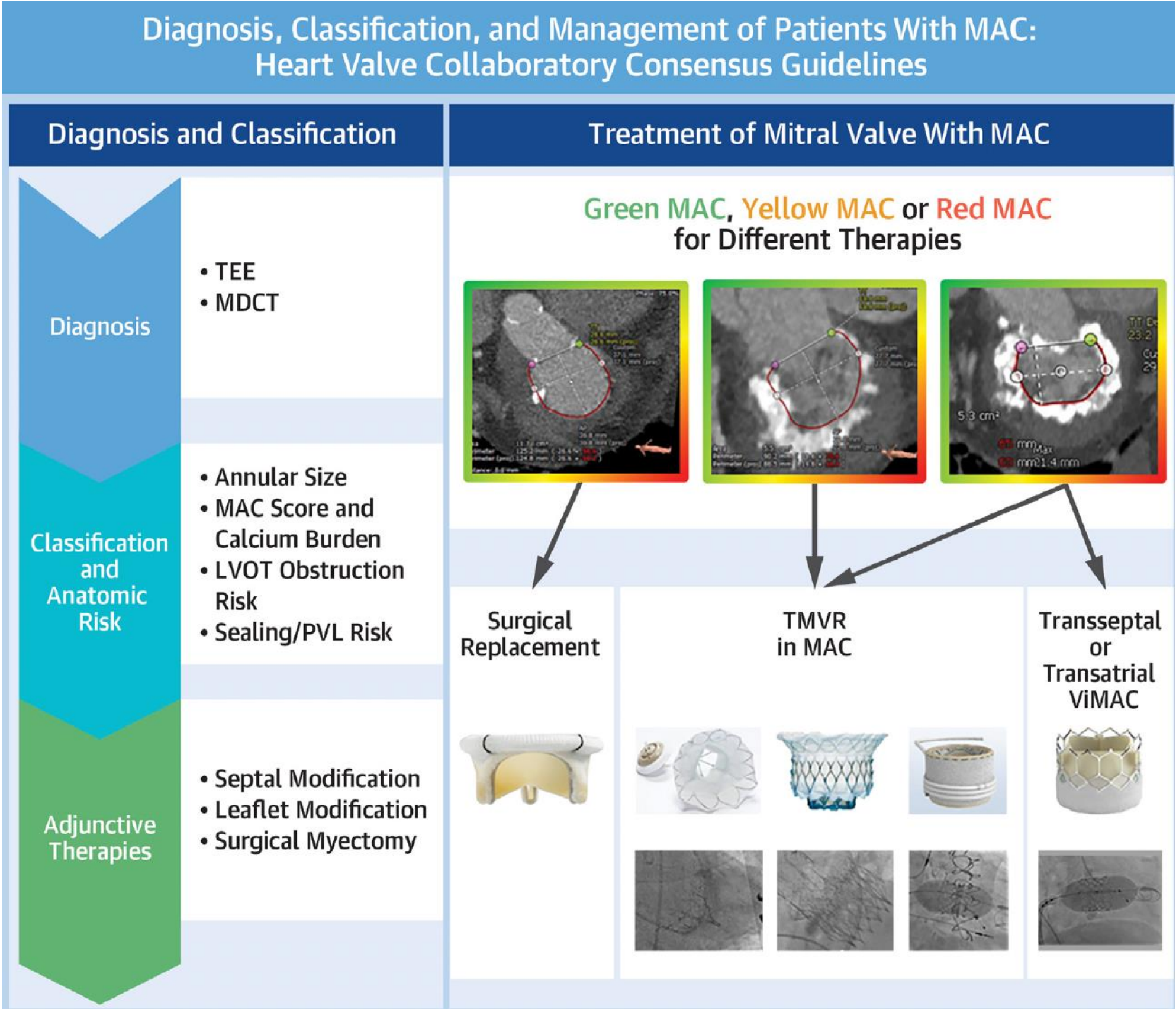


MAC score and hemodynamic evaluation

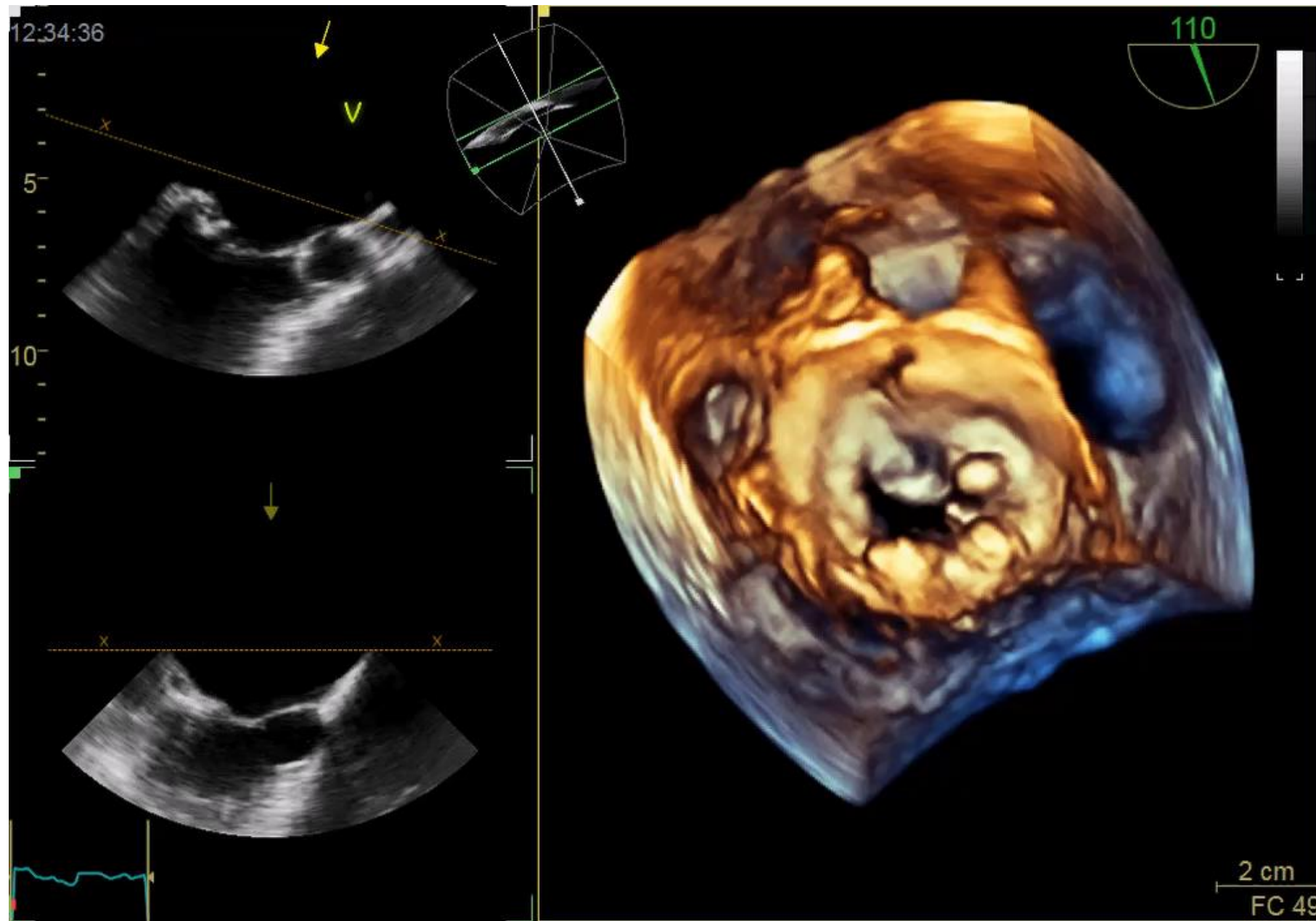


MAC calcium score **do not correlate** with invasively measured MV gradient and MVA in patients with MAC-related mitral stenosis

Heart Valve Collaboratory position statement

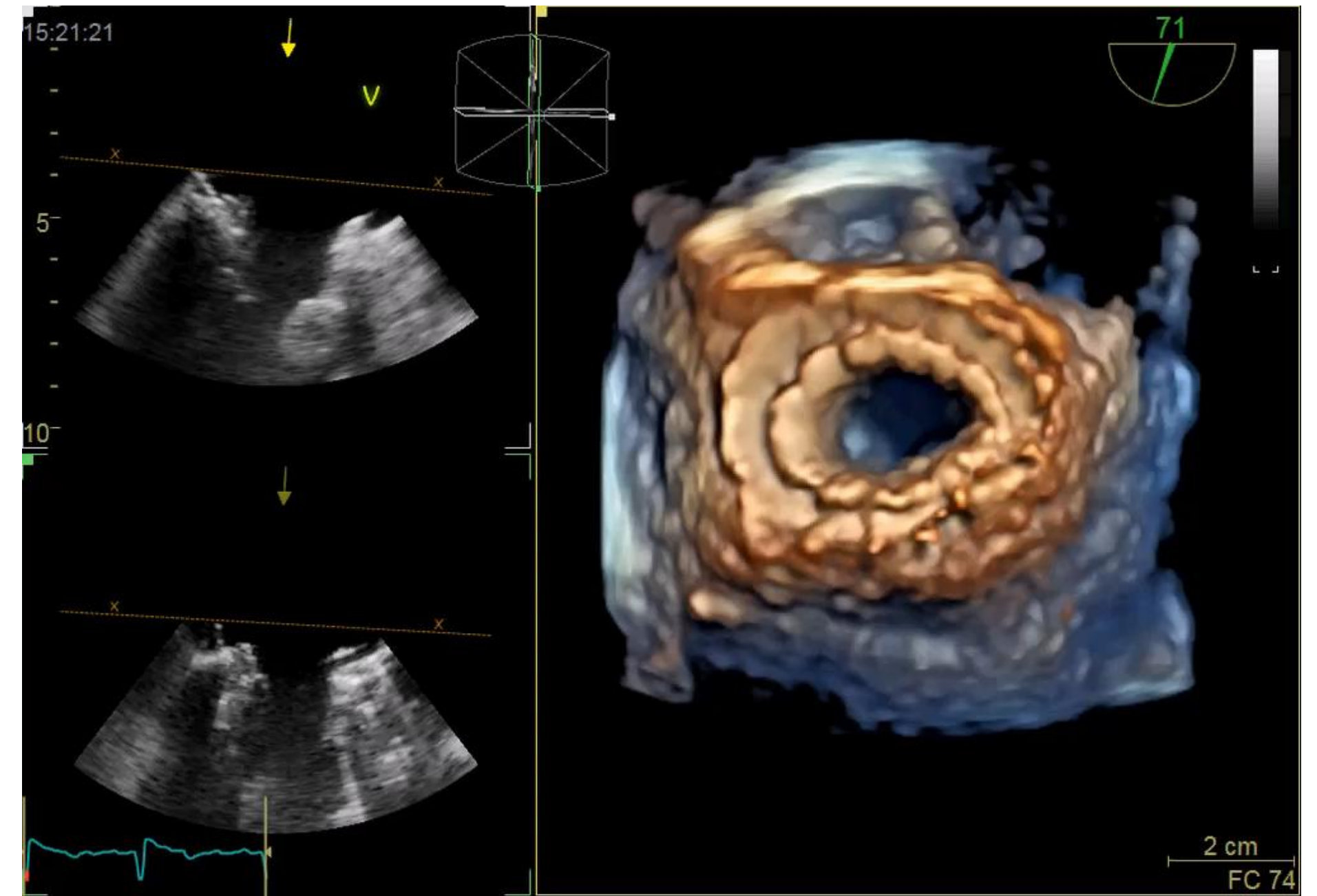
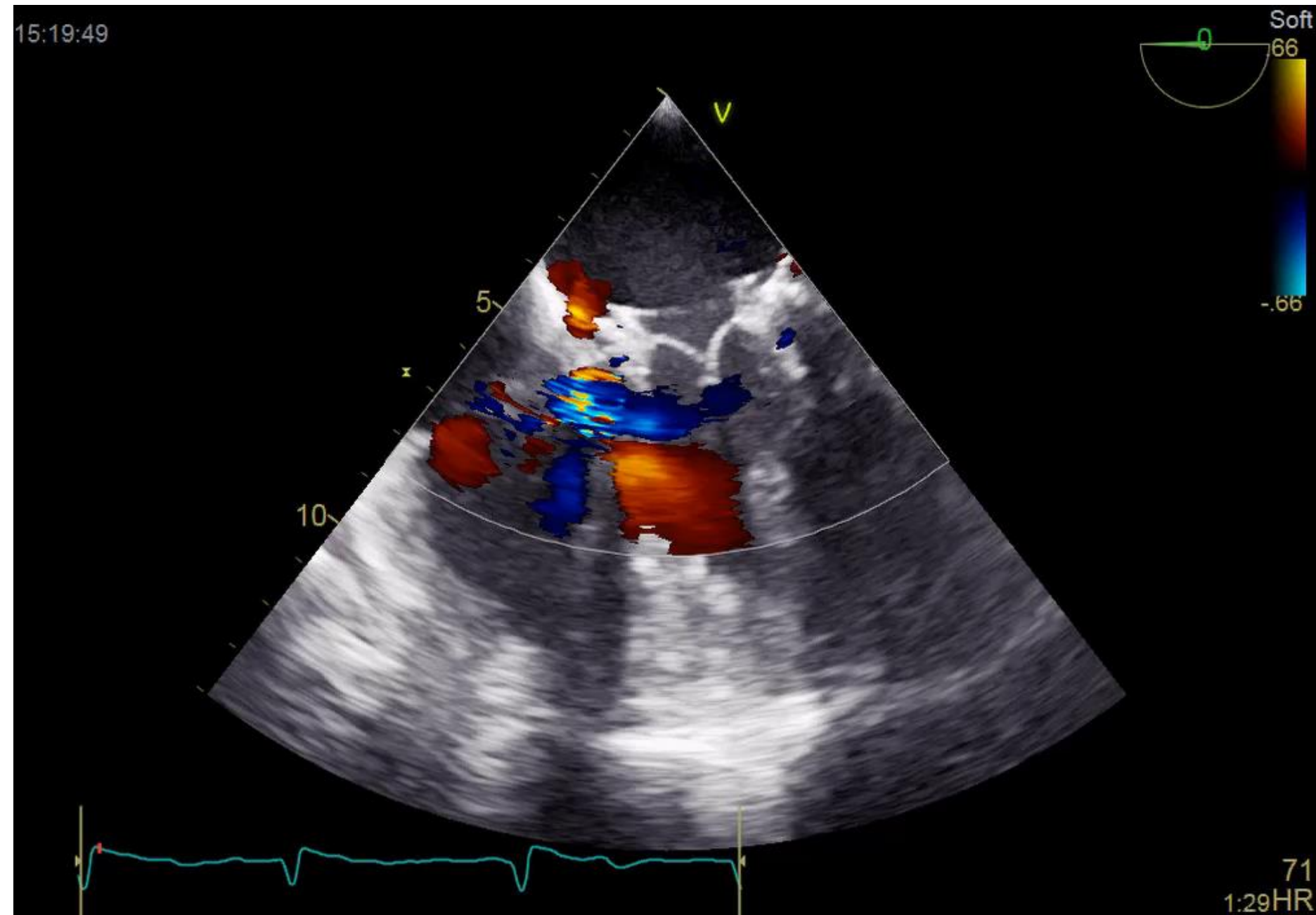


Echo / CT correlation?

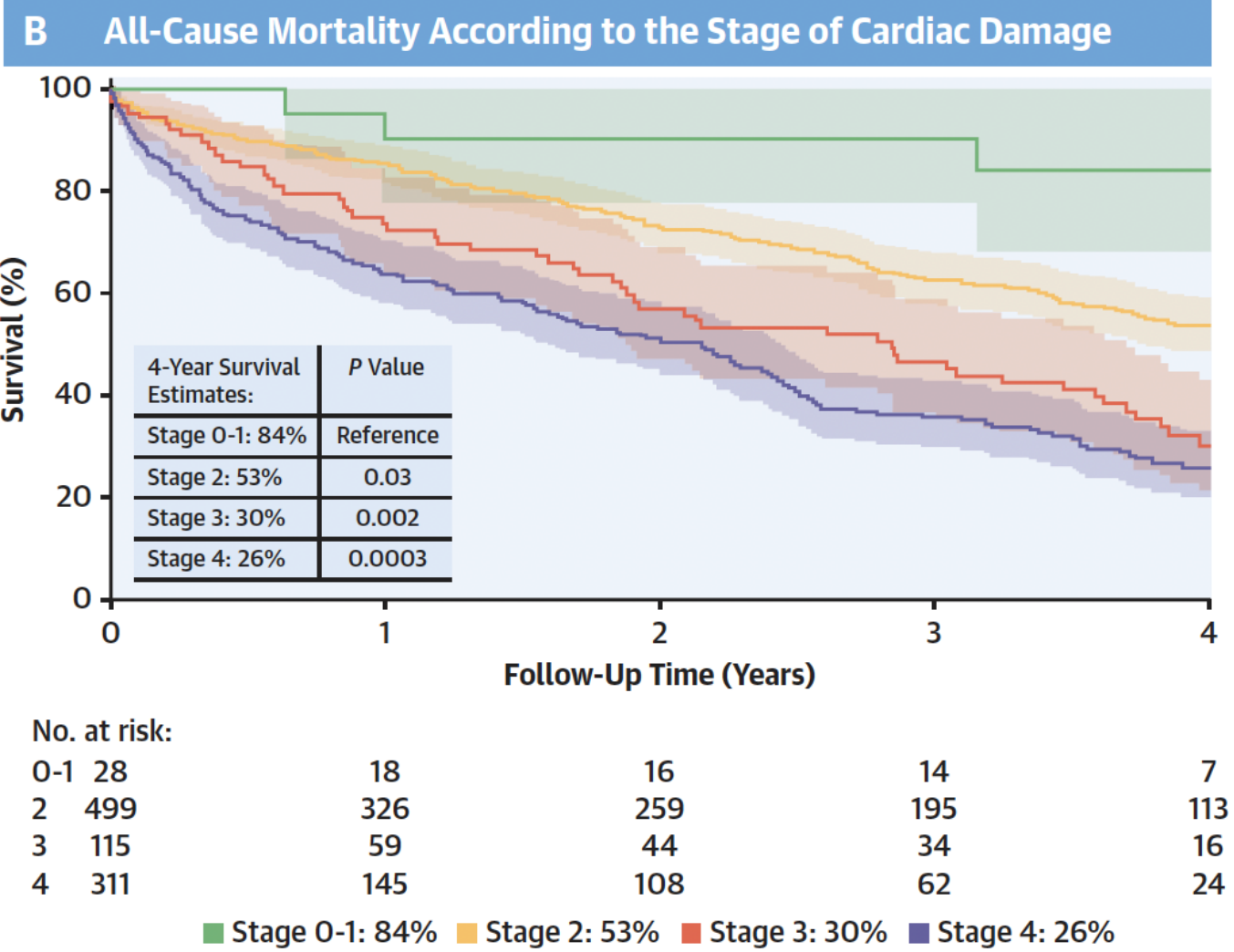
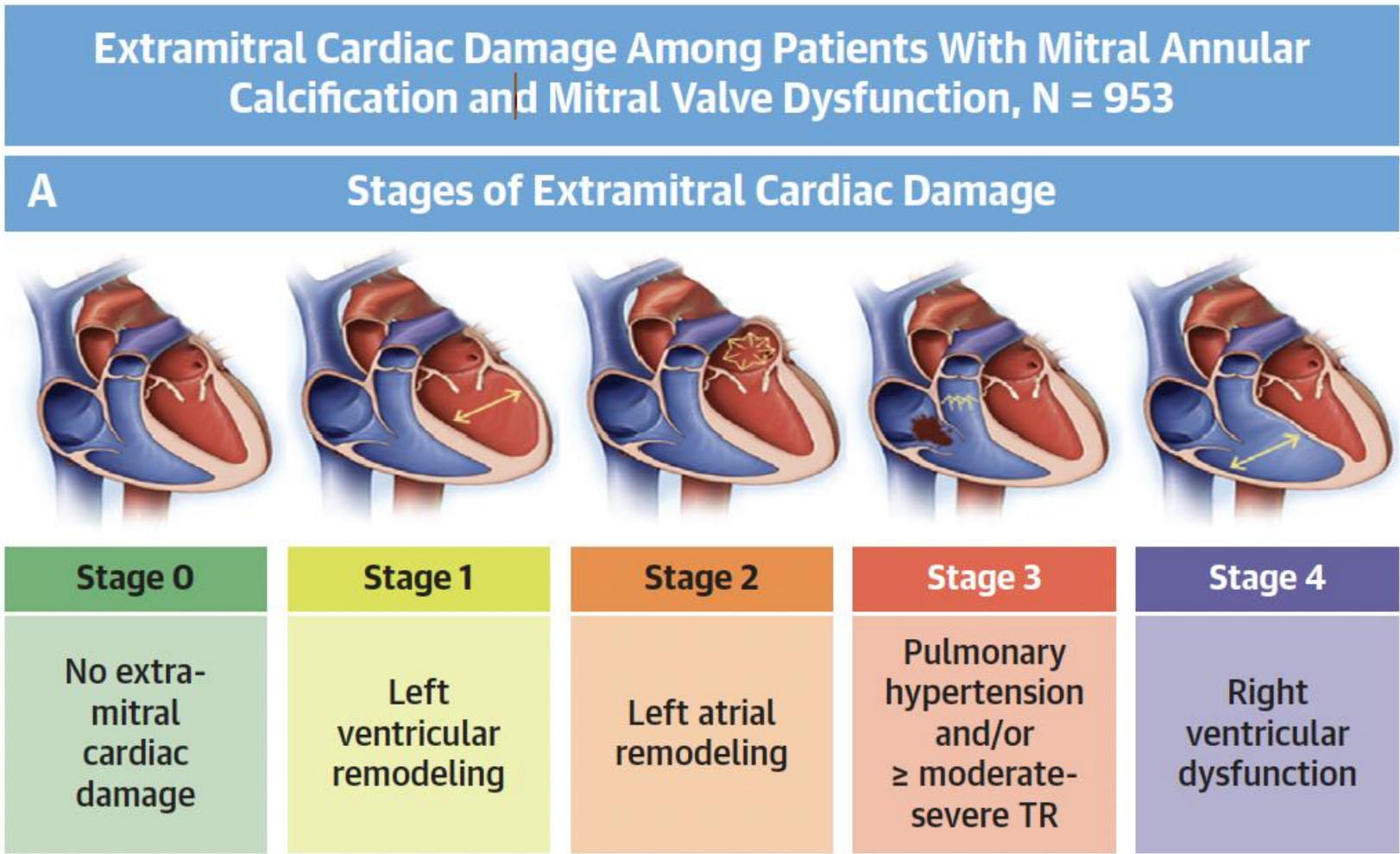


“White” does not always means calcification

Echo / CT correlation?

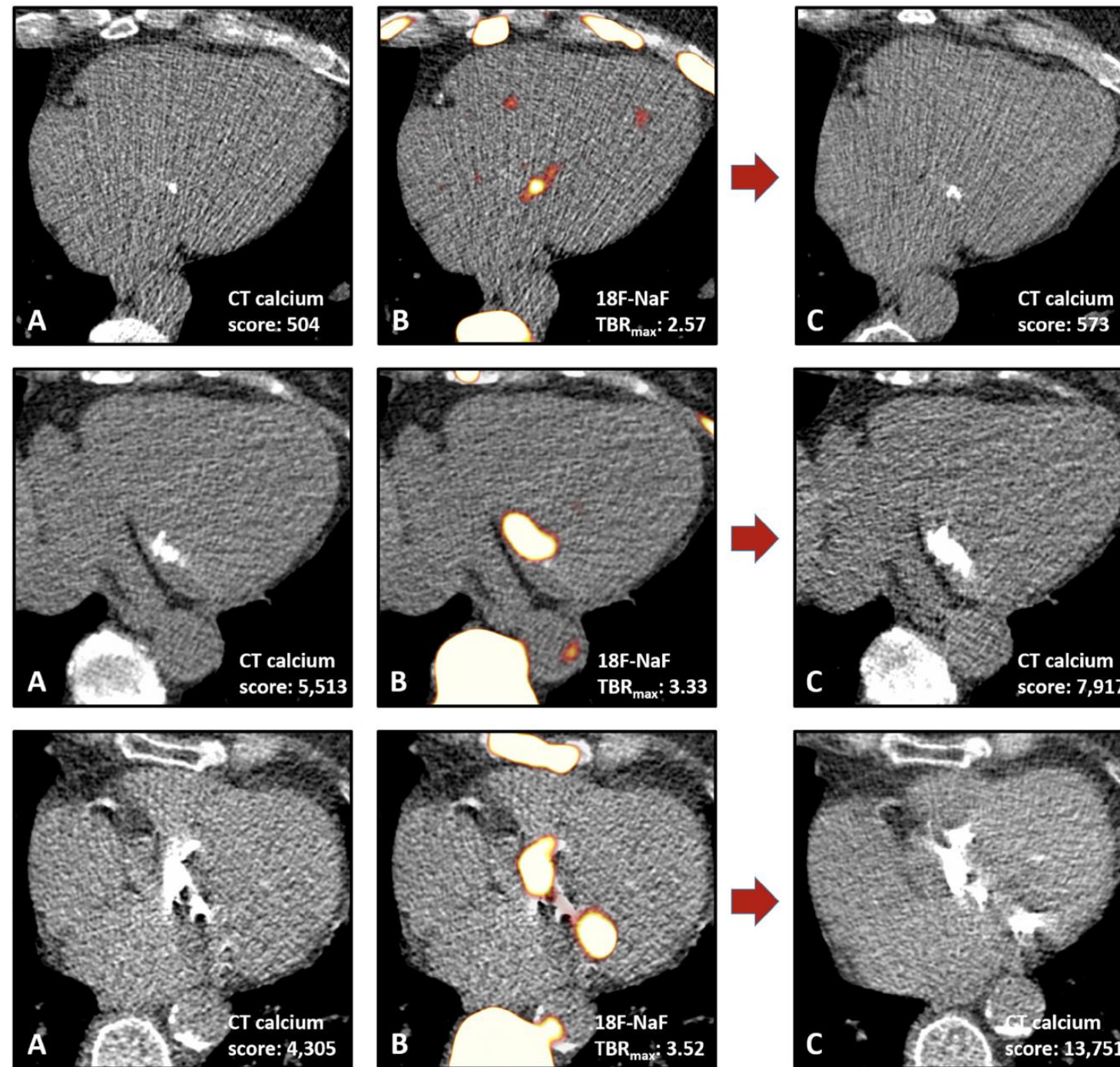


Look beyond the valve



Higher stages of extra mitral cardiac damage were associated with increased **all-cause mortality and heart failure hospitalization**

A glimpse of the future

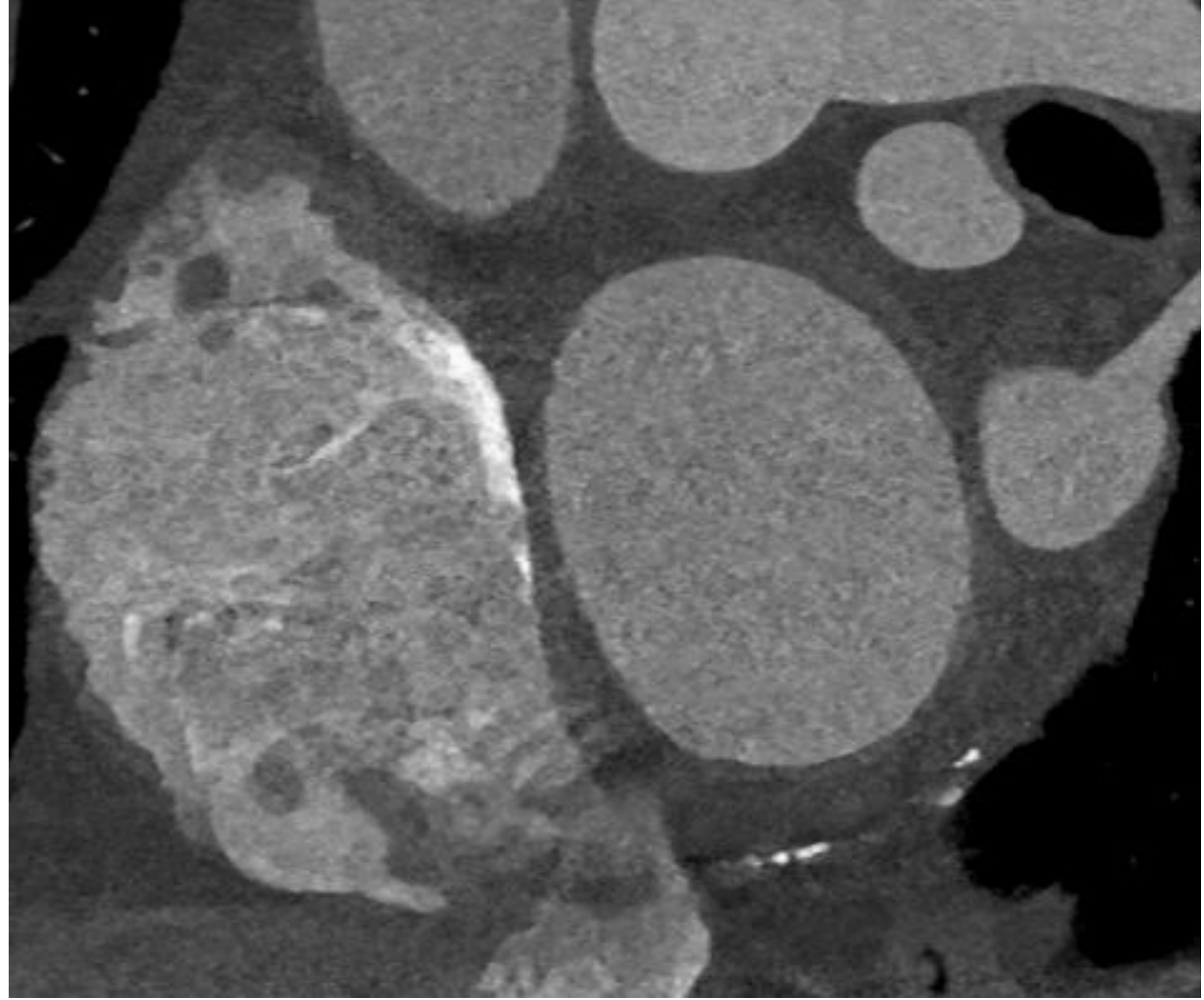
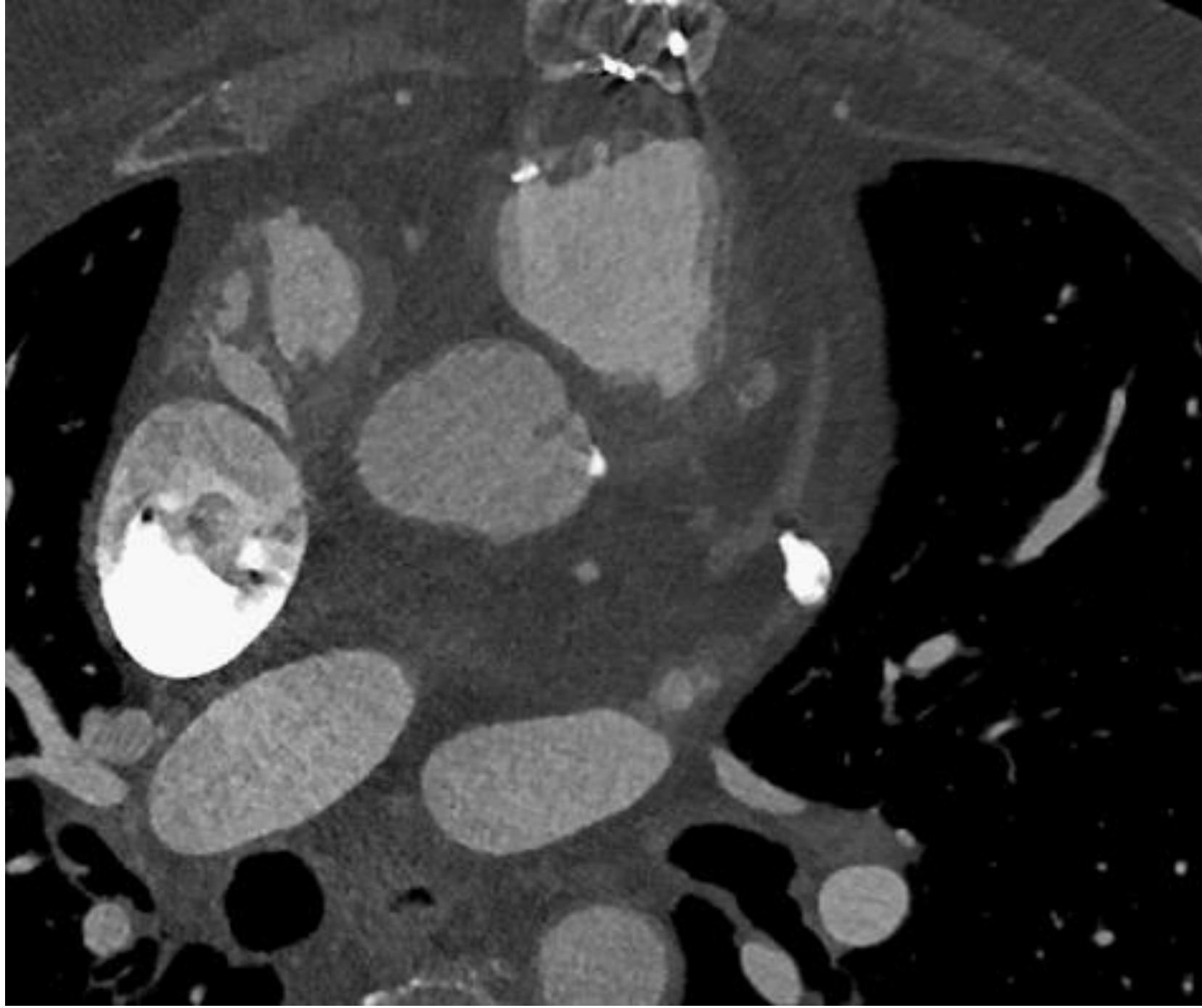


Baseline CT-MAC, 18F-fluoride PET activity and 2-year progression in 3 patients

MAC is characterized by increased local calcification activity and inflammation

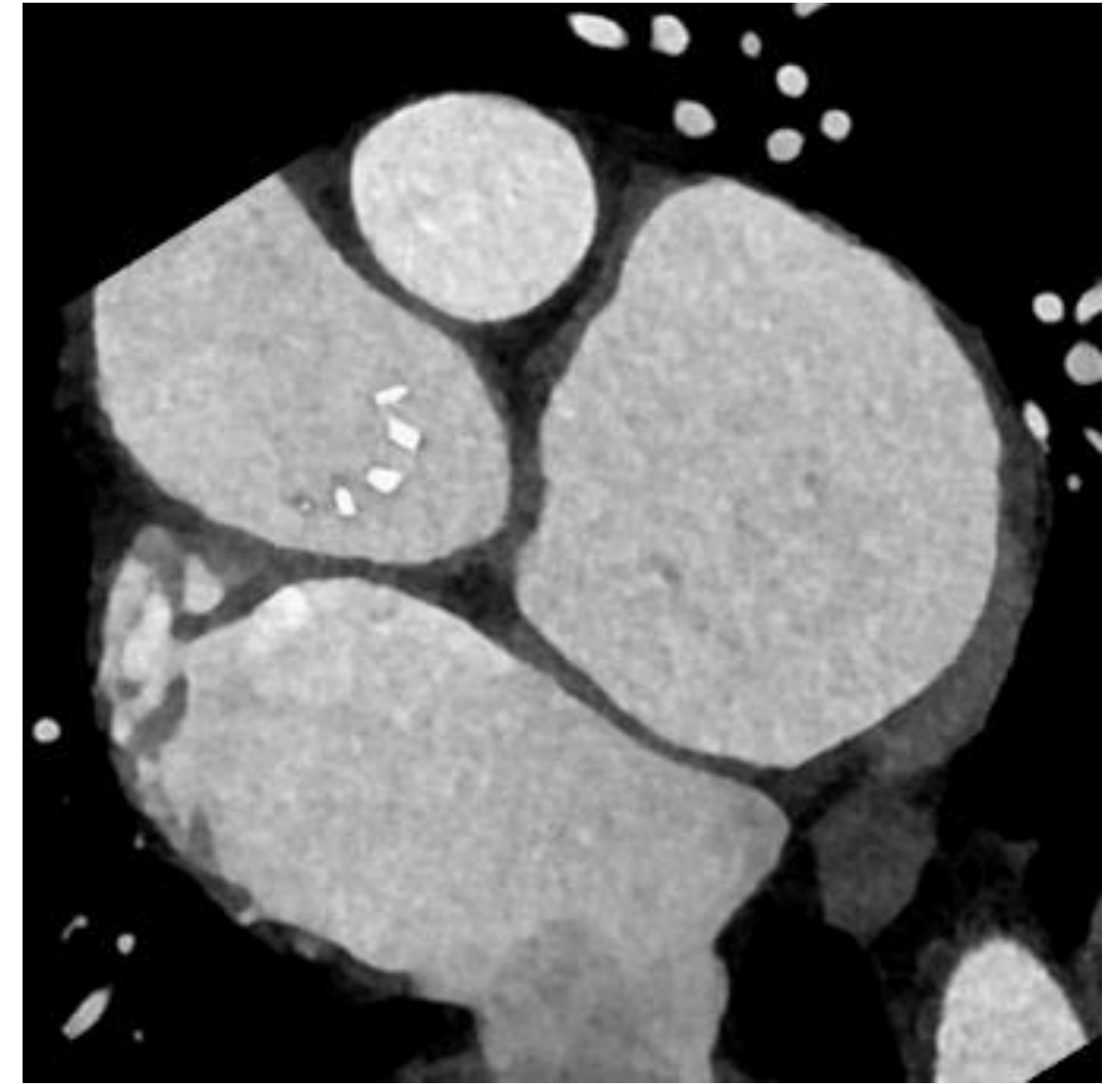
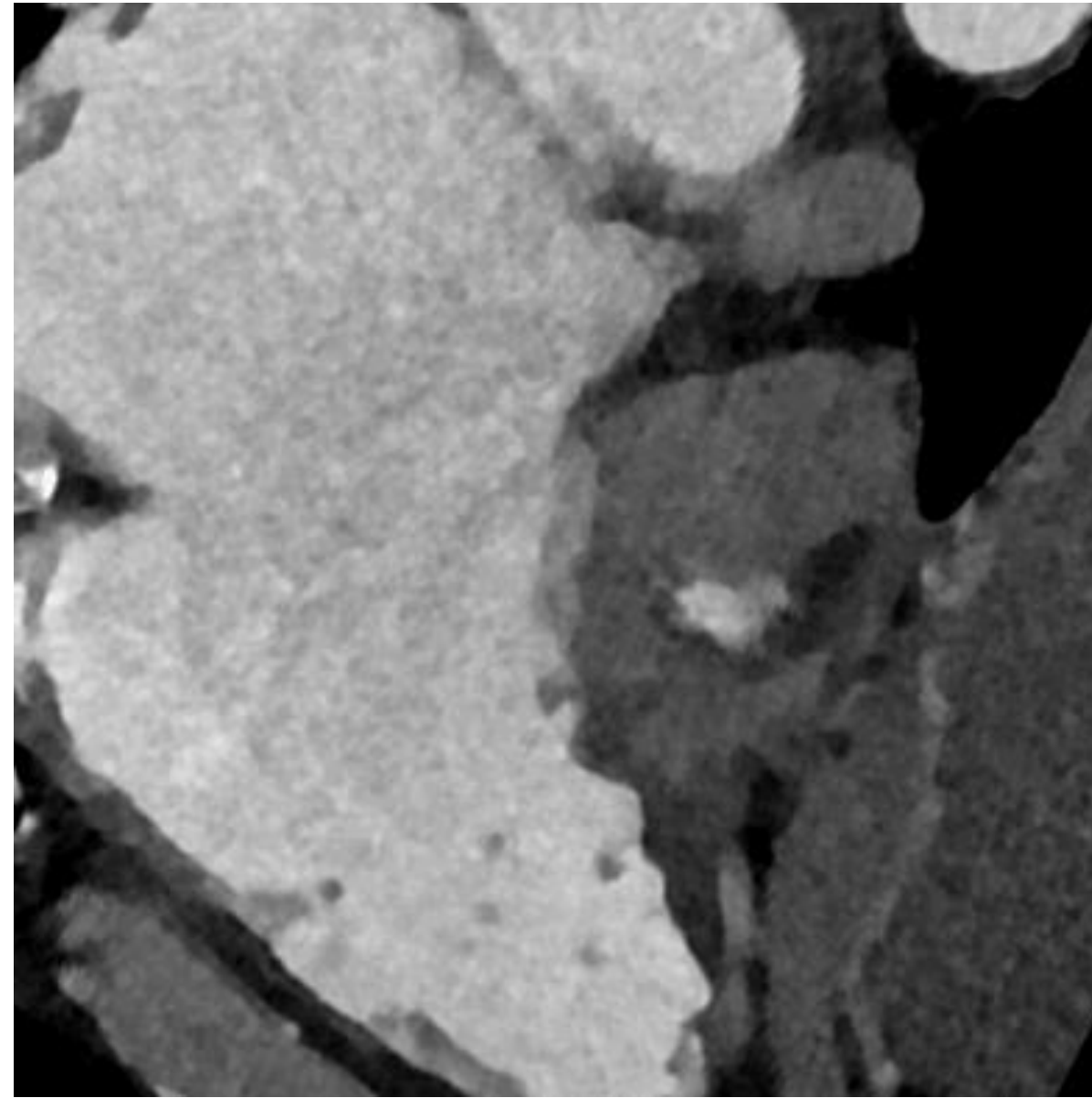
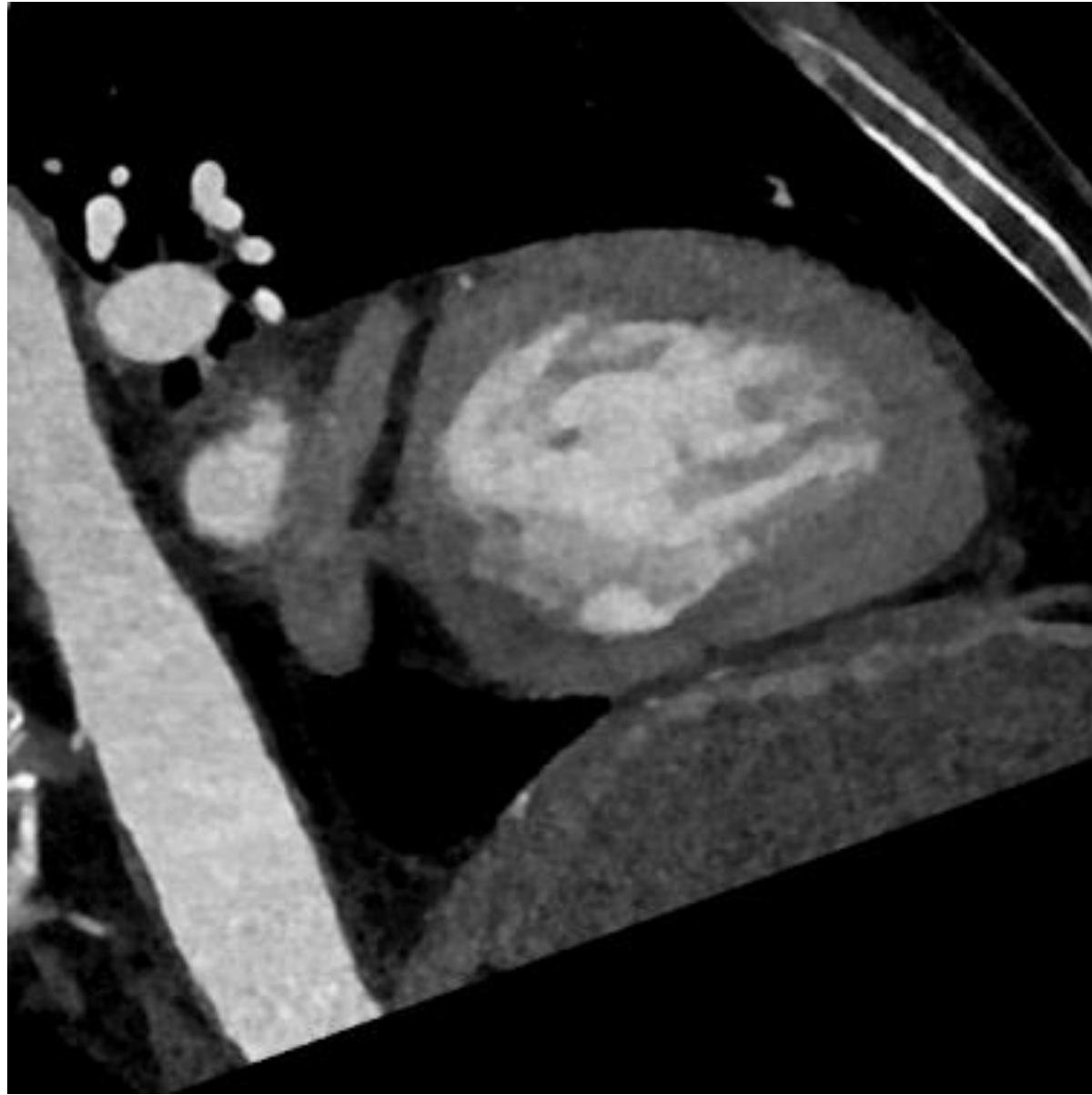
↓
PET-CT may help understand the disease activity

A glimpse of the future



Photon-counting detector CT. Ultra High Resolution mode
Patient with severe MAC and pericardial calcifications (constriction)

A glimpse of the future



TAVR in aortic prosthetic valve and TAVR in mitral prosthetic valve.
High tension acquisition to limit metal artifacts. The MAC remains nicely depicted

Conclusions

- MAC is highly prevalent in the elderly population and is associated with a poor prognosis.
- MAC-related MV disease = $MVA \leq 1.5 \text{ cm}^2$, $TMVG > 8-10 \text{ mmHg}$, or $>$ moderate MR
- Multimodality Imaging Approach:
 - *Echocardiography*: quantify MV dysfunction severity (MR and MS)
 - *CT Scan*: Grade the extent of MAC, using classifications such as Guerrero's
 - *Advanced Imaging*: Move beyond calcium quantification to assess MAC composition and activity using PET imaging and photon-counting detector

ATOMIC registry

-

chAracterizaTiOn of patient with MItral Calcification



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