

Predictors of Heart Failure Hospitalization After Mitral Valve Transcatheter Edge-To-Edge Repair (M-TEER)

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BACKGROUND

Due to ageing population, the prevalence of valvular disease is increasing, with mitral regurgitation (MR) being one of the most frequent. In recent years, the use of **M-TEER** therapy as an **alternative** in patients at **high surgical risk** is growing. However, there are no well-defined criteria for selecting these patients. This study aimed to determine clinical and echocardiographic parameters related to increased risk of heart failure hospitalization (HFH) after procedure in this patients.

PATIENTS & METHODS

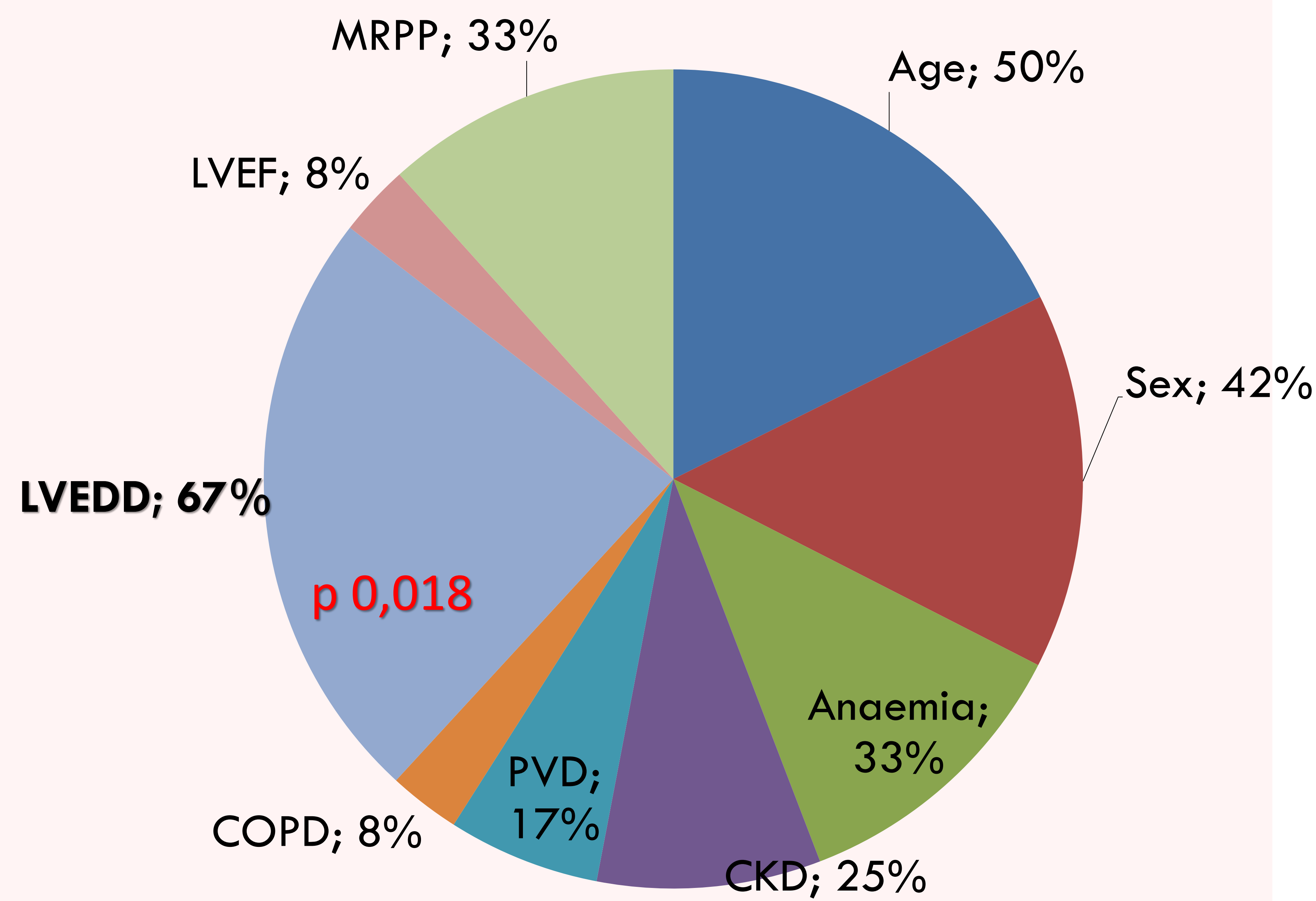
- Single-centre retrospective study.
- Patients referred from our secondary level hospital to our referral hospital **for performance of M-TEER**.
- **19 patients included** from October 2015 to November 2022.
- The baseline clinical and echocardiographic characteristics the patients were collected and their possible relationship with hospitalization for heart failure.

RESULTS

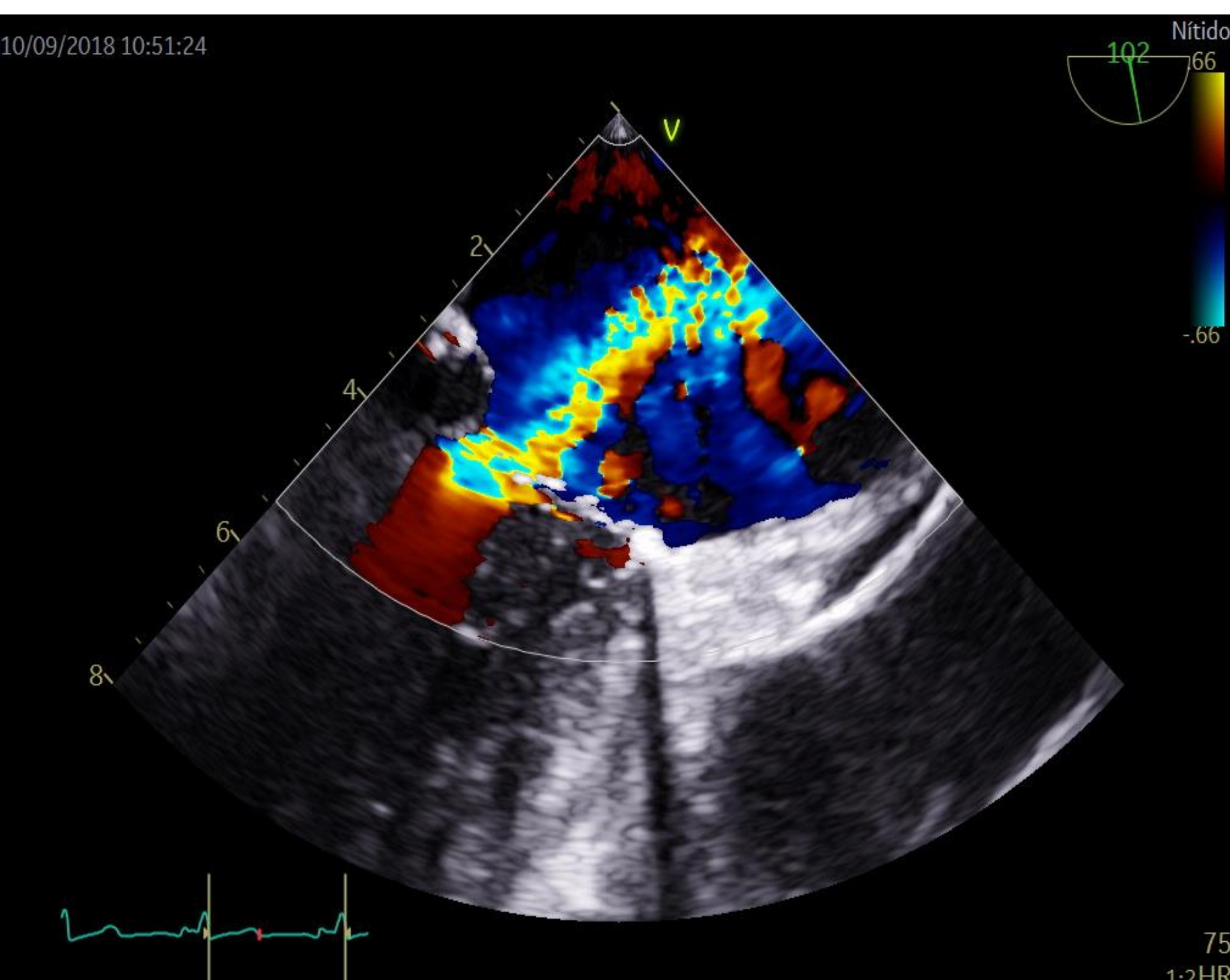
Clinical Characteristics	
Age	76 ± 7,1
Female	55%
EUROSCORE II	11%
GFR < 60 ml/min/173m2 (CKD)	75%
Anaemia	40%
Peripheral Vascular Disease (PVD)	40%
Chronic Obstructive Pulmonary Disease	25%

Echocardiographic Characteristics	
Functional MR	75%
Left Ventricle End-diastolic Diameter	68 ± 7,9
Mean Left Ventricle Ejection Fraction(LVEF)	36 ± 13%

HEART FAILURE HOSPITALIZATION



- The success rate procedure was 92%, median follow-up of 34 ± 22 months (12 patients), with postprocedural MR (MRPP) > III/IV in 5 patients (42%) after 1 year follow-up
- 85% of patients were hospitalised for HF in the first year follow-up and 91% after 3 years. There was no clinical predictor of HFH and of the echocardiographic parameters the only **one associated with increased HFH was LVEDD > 70 mm (p 0,018)**.



CONCLUSIONS

Despite the limited sample size, a **Left Ventricle end-diastolic diameter (LVEDD) > 70 mm, prior to M-TEER, is associated with increased Heart Failure Hospitalization at follow-up.**

