Audiência Pública:

A Conscientização sobre

Doenças Valvares Cardíacas

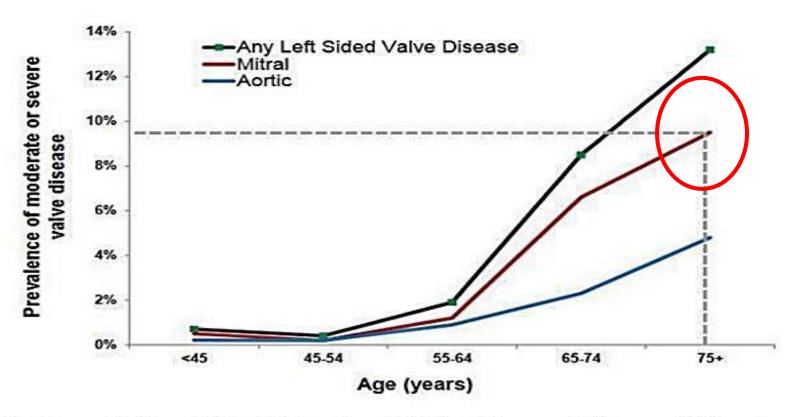
Valvopatia Mitral

José A. Mangione, Phd, FESC, FACC

- Diretor de Equipe de Cardiologia Intervencionista BP/SP
- Cardiologista Intervencionista do Hospital Alemão Oswaldo Cruz
- Professor Livre Docente pela Universidade de São Paulo (USP)
- Presidente da Sociedade Latino Americana de Cardiologia Intervencionista (SOLACI)

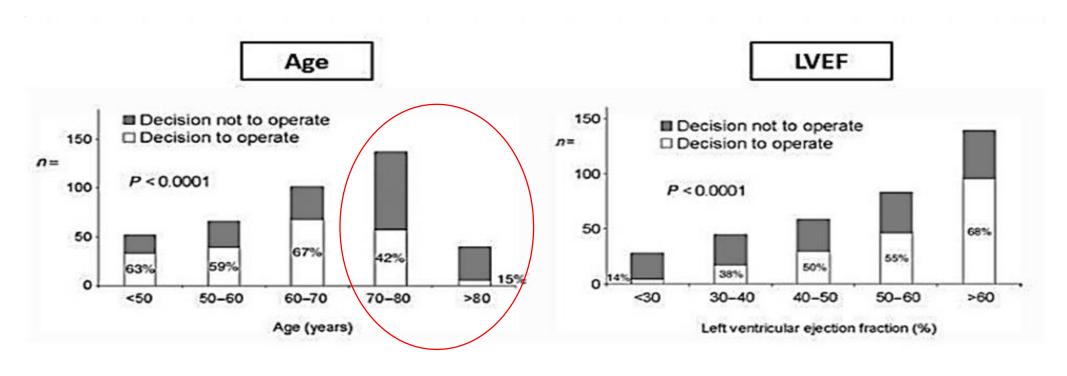
Doença Valvar

Incidência



Mitral regurgitation (MR) affects almost 10% of the population aged 75 and over

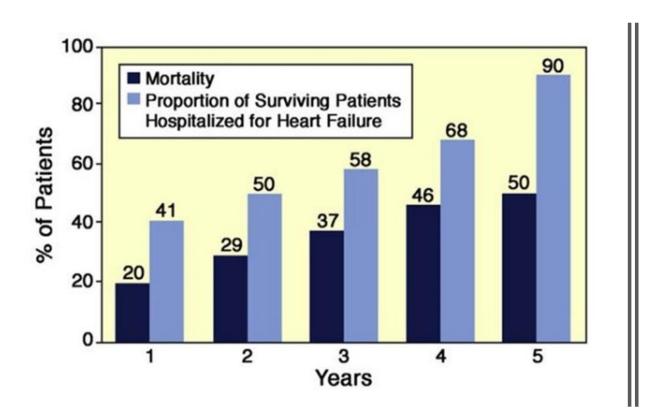
European Heart Survey Insuficiência Mitral Sintomática





50% of the patients with severe symptomatic MR are denied surgery

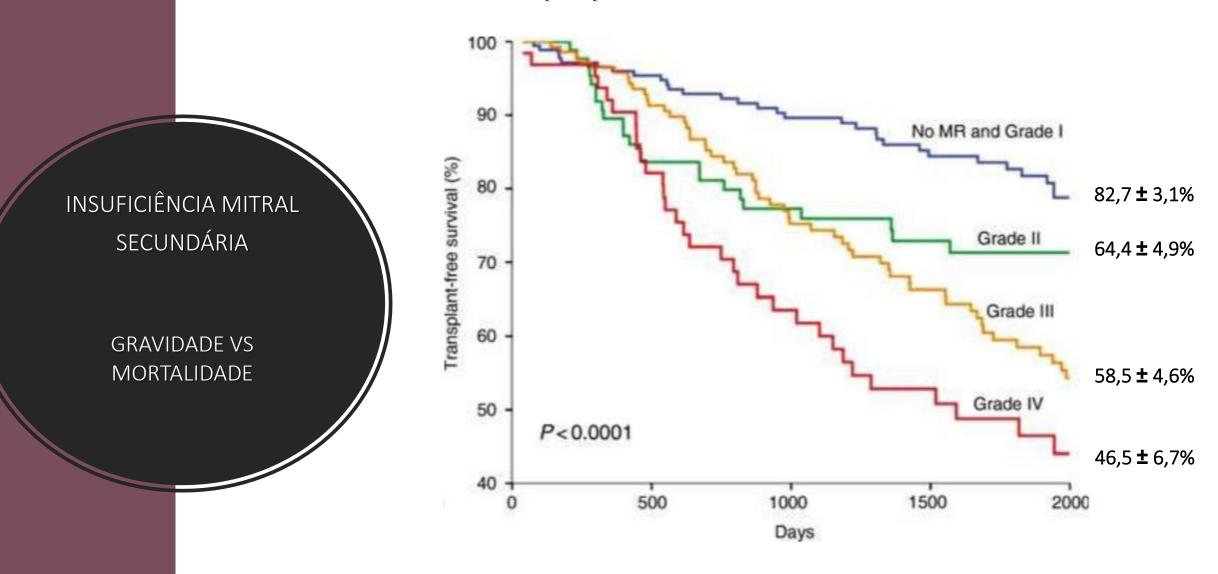
Insuficiência Mitral Funcional Severa Não Operada Evolução Clínica



n = 577 MR $\ge 3+$

Cleveland Clinic

n = 462 (ICC) Universidade de Modena e Bolonha

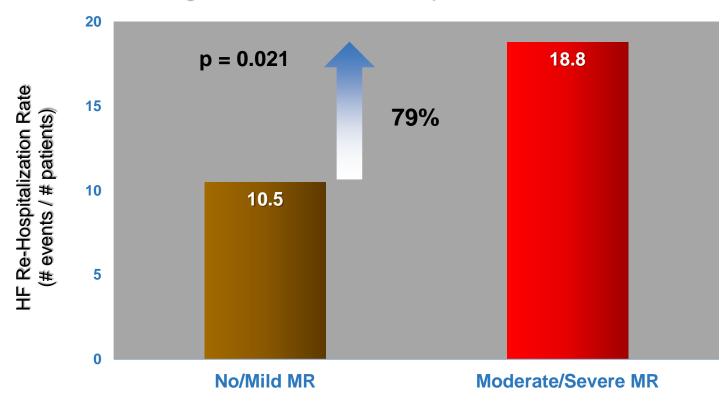


Bursi F. Eur J Heart Fail 2010;12:382-388

Insuficiência Mitral

Taxa de Hospitalização

Pacientes com insuficiência mitral grave apresentam uma taxa de internação hospitalar significativamente maior por insuficiência cardíaca



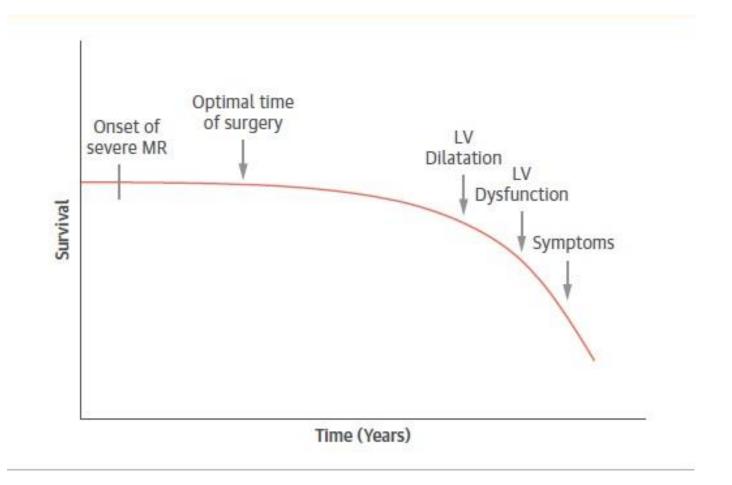
Seguimento Clínico ~ 7 anos (n =218 casos pareados 1:1)

Markwick et al. Prognostic Implications of Moderate and Severe Mitral Regurgitation in Contemporary Clinical Care. TCT 2012

Insuficiência Mitral Primária Grave

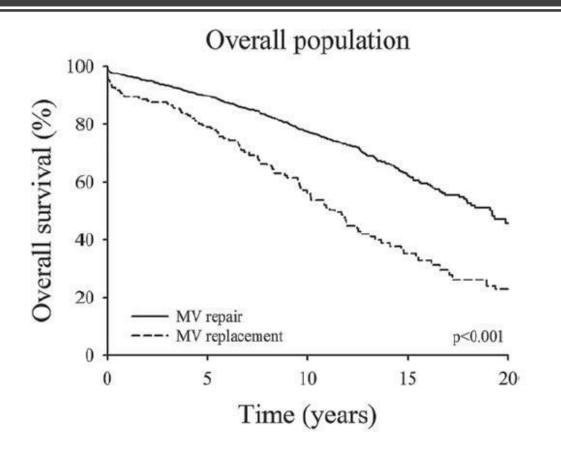
Fisiopatologia e História Natural

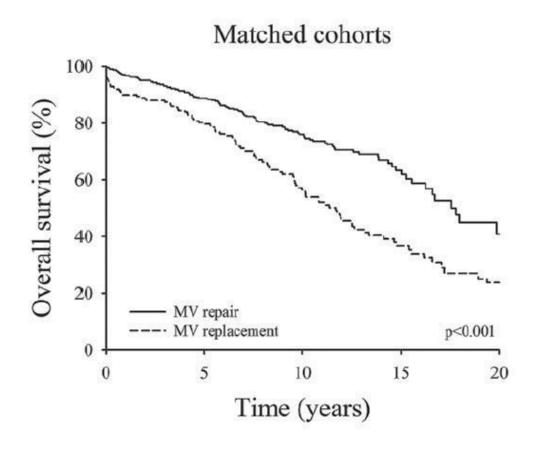
A intervenção precoce pode resultar em excelentes desfechos a longo prazo na IM primária



MIDA TRIAL Tratamento Cirúrgico IM Degenerativa

n = 1.912 6 Centros (Europa e EUA) Seguimento Clínico Médio – 9,2 anos





Lazam S. Circulation 2017;135:410-422







Tratamento Cirúrgivo Técnica de Alfieri

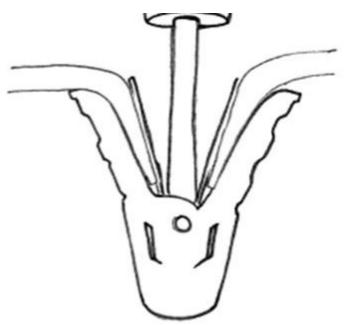
J Thorac Cardiovasc Surg 2001;122:674-81

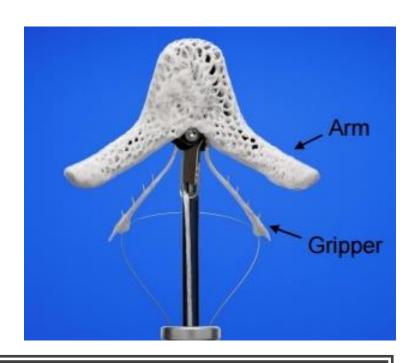
MITRACLIP COMPONENTES DO SISTEMA

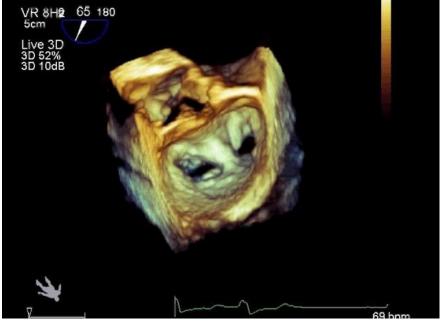
CLIP DE CROMO E COBALTO
REVESTIDO COM POLYESTER









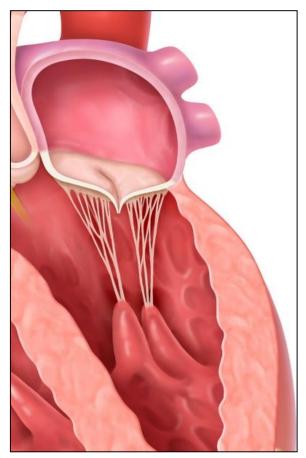


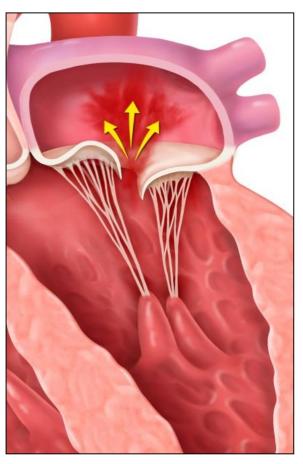
MITRACLIP

Características

MITRACLIP

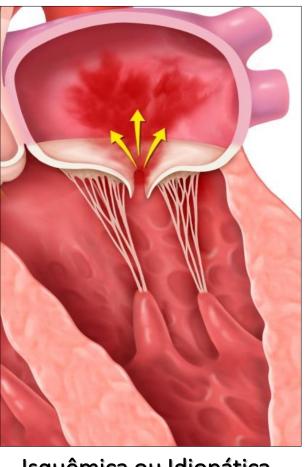
Indicações







Flail



Normal

Prolapso

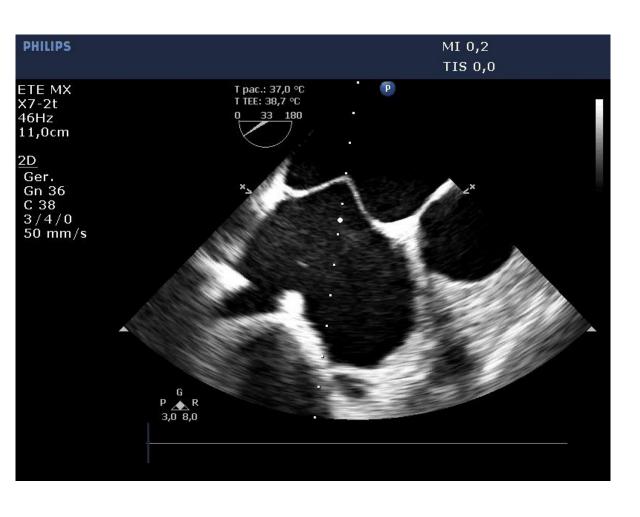
Isquêmica ou Idiopática

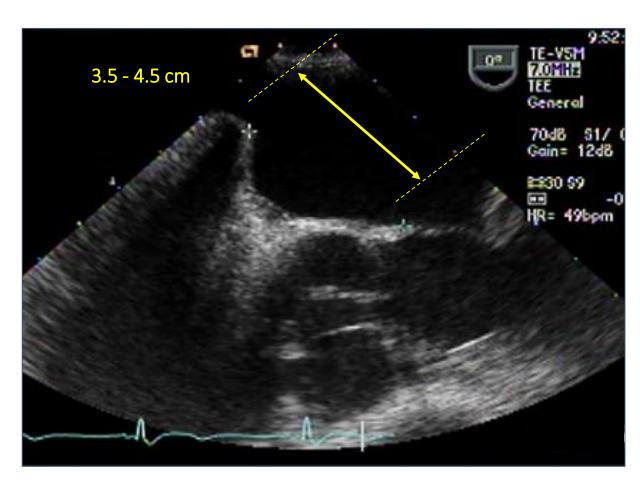
Primária/Degenerativa

Secundária/Funcional

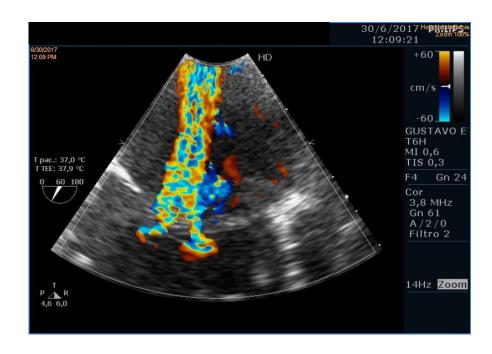
Punção Transeptal

Ecocardiograma

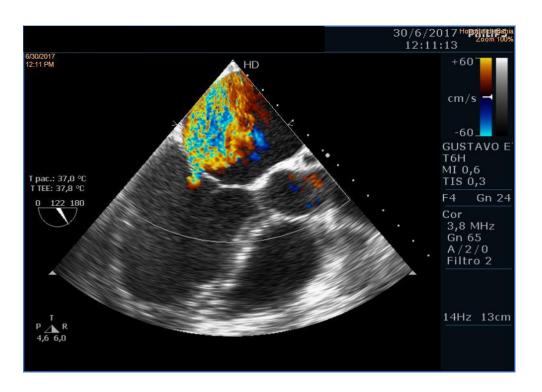




Avaliação da Insuficiência Mitral

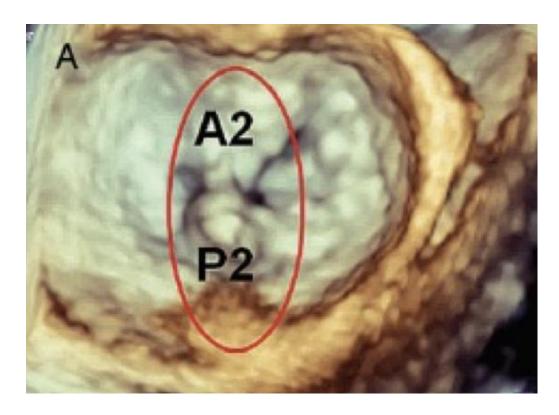


Intercomissural



Eixo Longo

Avaliação da Insuficiência Mitral – Eco 3D



Localização



Largura do Flail

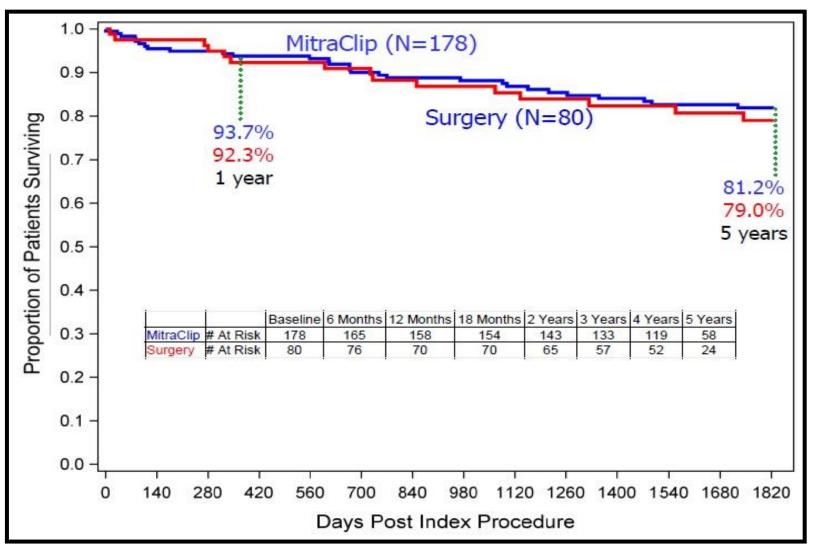
Grasp dos Folhetos

Projeção LVOT



EVEREST TRIAL II

Sobrevida – 5 anos



Feldman T. J Am Coll Cardiol 2015;66:2844-2854

MITRACLIP Comparação dos Estudos

	EVEREST II (n = 184)	ACESS-EU (n = 567)	Transcatheter Valve Treatment Sentinel Pilot Registry (n = 628)	TRAMI (prospective cohort) (n = 749)
Hospital stay (days)	NA	7.7 ± 8.2 (median: 6.0)	5.0 [3.0-7.0]	9.0 [6.0–15.0]
Procedural success (Clip implanted $+ MR \le 2+/not$ severe)	137/178 (77.0%)	516/567 (91.0%)	599/628 (95.4%)	719/741 (97.0%)
Mitral regurgitation at discharge, n (%)	anana c	Section 4	X 0.200 (200 (200 (200 (200 (200 (200 (20	Section Residence Accessed Library
None/mild	NA	NA	268/368 (72.8%)	631/741 (85.2%)
Moderate	NA	NA	93/368 (25.3%)	93/741 (12.6%)
Severe	NA	NA	7/368 (1.9%)	17/741 (2.3%)

1 ano

Surgical	37/181 (21%)	36/ 567 (6.3%)	4/444 (0.9%)	10/436 (2.3%)
	0/181 (0%)	19/567 (3.4%)	13/444 (2.9%)	23/436 (5.2%)
Surgical	3//101 (21/6)	30/ 30/ (0.3%)	4/444 (0.5%)	10/436 (2.3%)

Incidence and in-hospital safety outcomes of patients undergoing percutaneous mitral valve edge-to-edge repair using MitraClip: five-year German national patient sample including 13,575 implants

