

PERSPECTIVES FOR PERCUTANEOUS VALVE THERAPY

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BACKGROUNG



Transluminal therapy has gained popularity and cardiac diseases are being also concerned

The population ages and there are some critical situations such emergency, reoperations or associated severe comorbidities that might benefit from a less invasive approach

Percutaneous treatment of cardiac valve diseases is under evaluation for High Risk Patients (HRP)

There are patients excluded from surgery : 33 % of patients in NYHA Class III / IV (euro heart survey 2003)



 STS Database reports a 30 Day mortality of 5 % for elective valve surgery and 13 % for emergency operations



• Percutaneous and trans Apical AVR has proved feasibility with an acceptable safety for both :

BE Cribier Edwards valve

SE Core valve





Technical success ≈ 90 % Mortality up to 20 % Major bleeding up to 25 % (CPB)

Current status of percutaneous www.meetcongress.com

- Type I = Ring annuloplasty through coronary sinus
- Type II = Alfieri edge to edge repair (Mitra clip,...)
 - EVEREST I & II trials are running
 - Feasibility is $\approx 85 \%$
- Complications = MI, pericardial effusion, Tamponade and strokes up to 32 %



- Size reduction $24 \Rightarrow 18$ F or less
- Retrievable valves
- New valve designs more deliverable, more precise
- Magnetic clips and others for Mitral regurgitation
- New applications such Redo surgery after previous Bioprothesis deterioration
- The investment of Major Medical device companies and start up companies will undoubtly drive this technology forward rapidly



- Tissue valve durability
- Perivalvular leaks
- Questionable Retrograde access for small calcified arteries, trans apical access
- Circonflexe Artery damage
- Long term results

Randomized trials with minimal bias are mandatory



THANK YOU FOR YOUR ATTENTION