

Contemporary Mitral & Tricuspid Therapies



The presence of severe mitral (MR) and tricuspid regurgitation (TR) continues to pose a significant burden to the health care system across the world.

The global experience in

treating patients with surgically prohibitive primary and/or optimally treated secondary MR continues to mount. During the same period, catheter-based therapy of the tricuspid valve (no longer the forgotten valve) has seen significant explosion in clinical experience and the evidence to support ongoing treatment of these patients. The goal for this issue was to focus on high-yield and pragmatic topics to help the treating/implanting community in the management of these patients. The selected authors provide “real-world” and “real-time” guidance to help us treat these patients today!

We start our coverage of mitral and tricuspid interventions with contemporary mitral transcatheter edge-to-edge (TEER) repair. Loai Almazroa, MD, and Neil P. Fam, MD, explain that for successful TEER, a nuanced patient and device selection strategy that takes into account anatomy, clinical factors, and imaging is crucial to success.

Next, Carlos E. Sanchez, MD, and Steven J. Yakubov, MD, explore the technologies and techniques for optimal image guidance in tricuspid valve TEER by focusing on three-dimensional intracardiac echocardiography. Ningyan Wong, MBBS; Nishtha Sodhi, MD; and D. Scott Lim, MD, discuss the feasibility of TEER for managing patients with severe MR in acute decompensated heart failure or cardiogenic shock.

When it comes to emerging technologies for mitral valve repair, Sebastian Ludwig, MD; Andrea Scotti, MD; and Dr. Latib provide a review of transseptal chordal and posterior leaflet augmentation devices in various stages of clinical development. Then, Omar Abdul-Jawad Altisent, MD, and Rodrigo Estévez-Loureiro, MD, tackle heterotopic transcatheter tricuspid valve implantation

by reviewing a promising technology for patients with high-risk TR.

Regarding the contemporary treatment of TR, Marta Sitges, MD; Laura Sanchis, MD; Daniel Pereda, MD; and Xavier Freixa, MD, help us determine the appropriate candidates for surgical and transcatheter therapies and which devices to use.

Excitement builds as new data and technology bring renal denervation (RDN) back to the forefront, potentially allowing new options for treating the vast population of patients who have hypertension. Anna K. Krawisz, MD, and Eric A. Secemsky, MD, provide us with a data review of catheter-based RDN, highlighting that the emerging body of evidence demonstrates the ability of RDN to effectively reduce blood pressure over time in multiple patient subgroups and via different device platforms.

Brian Fulton, MD; Jay Giri, MD; Debbie L. Cohen, MD; Herbert D. Aronow, MD; and Taisei Kobayashi, MD, go on to show us how to denervate with current RDN device iterations, providing a step-by-step guide to RDN for the treatment of hypertension.

In our Today's Practice column, Joel Sauer, MBA, provides a review of the 10th annual MedAxiom Cardiovascular Provider Compensation and Production Report, revealing year-over-year comparisons and decade trends. The data show that cardiologists continue to be extremely valuable in the health care market, even as they move into more specialized roles.

We close our issue by interviewing Salvatore Brugaletta, MD, PhD, who tells us about his work in acute coronary syndrome and microvascular angina, the recent CV-COVID-19 study, his strategy for characterizing lesion morphology, and why fellows should travel abroad.

We hope that you find this issue to be of value in your practice. ■

Gagan D. Singh, MD
Guest Chief Medical Editor
Azeem Latib, MD
Chief Medical Editor