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## MitraClip therapy: Rules do not change; Annuloplasty ring is a must

Mitral regurgitation (MR) can be addressed by means of “French Correction” principles described by Carpentier. Remodelling on a frame plays a central role in this strategy. The annuloplasty ring forces leaflet coaptation, distributes evenly all the tensional forces in the repair. Moreover, it avoids any further annulus dilation. It has been demonstrated that the lack of the annuloplasty ring is one of the most powerful predictors for failure after MVR (mitral valve repair). Edge-to-Edge technique is the basis of the MitraClip therapy. Hence, it is not the exception to this rule. Several studies have made very clear that, in this context, the longer the follow-up, the higher the recurrence of the MR after MVR. This is especially true after 10 years follow-up. With this framework, the fact that constantly calls our attention is why the annuloplasty ring is not taken into consideration at the moment to install the MitraClip device. Rules do not become different depending on a given specific surgical or percutaneous approach. The answer has become more than evident by the surgical group. When analyzing the trials concerning the MitraClip, follow-ups are not long enough in order to get strong conclusions about ringless MitraClip. EVEREST-II trial is a 5-year follow-up. However, the achieved results could not be reproduced by others. Current indication based on the current approval device in USA is exclusively on the primary/degenerative MR patients with high-risk for operation with no adequate response to optimal medical therapy. The main indication in Europe for MitraClip is functional MR in USA as well as Europe, current indication for this kind of procedure is IIb level of recommendation B or C, respectively. COAPT trial has been designed to test the MitraClip usefulness in functional MR. Results are still on the way. Nevertheless, rules do not change at all. Restrictive annuloplasty is the most common technique to address the functional MR. Even though there is an overoptimistic belief about MitraClip all alone could be sufficient in order to treat MR, everything seems to indicate just the opposite. Annuloplasty with a ring is an absolute must. Cardioband or Millipede IRIS can offer some solution to cope with all these shortcomings.

## Biography

Ovidio Alberto García Villarreal is the Founder and present President of the Mexican College of Cardiovascular and Thoracic Surgery. He is the immediate past President of the Mexican Society of Cardiac Surgery. He is a Cardiac Surgeon retired from the social medicine, now focused exclusively on private practice in Monterrey, México. He is member of the Mexican Society of Cardiac Surgery, Mexican College of Cardiovascular and Thoracic Surgery, Society of Thoracic Surgeons, European Association of Cardiothoracic Surgery, and of the National Association of Cardiologists of Mexico. He has published more than 50 articles indexed in PubMed, and many others in non-indexed journals.

He is the Founder and present Editor-in-Chief of *Cirugía Cardíaca en México*, official journal of the Mexican Society of Cardiac Surgery since 2015. He is reviewer in many prestigious international journals, as *Annals of Thoracic Surgery*, *European Journal of Cardio-thoracic Surgery*, *Arch. Cardiol. Mex.*, and many other open access journals. He is the Precursor and the highest extensive experienced in the field of atrial fibrillation surgery (maze procedure), mitral valve repair, and aortic valve sparing-operations (David procedure, Yacoub procedure) in México. He was awarded with the National Prize in Surgery 2000 “Fernando Montes de Oca” from the Mexican Academy of Surgery, the highest prize for surgery in México.

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