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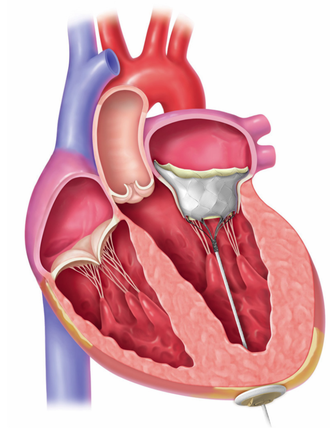
Single Middle eastern center experience in Tendyne Transcatheter Mitral Valve Implantation (TMVI)

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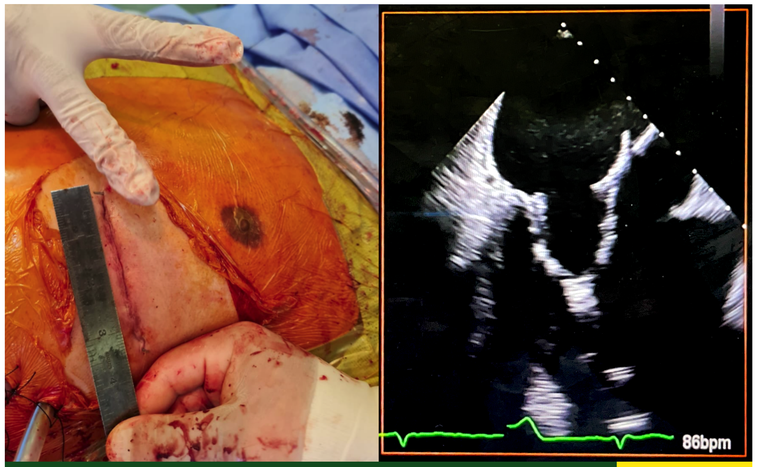
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BACKGROUND & AIM

Mitral valve replacement in high-risk patients delivers a big challenge for cardiac surgeons due to the poor outcome. We present our center's experience in tendyne valve transcatheter mitral valve implantation (TMVI). Figure 1 shows the Tendyne valve placed in the left ventricle.



THE TENDYNE VALVE PLACED IN THE LEFT VENTRICLE — Figure 1



POSTOPERATIVE IMAGES OF (A) INCISION WOUND AND (B) ECHO — Figure 2

MATERIALS & METHODS

We evaluated our center experience and outcome in tendyne valve transcatheter mitral valve implantation (TMVI). From January 2021 until December 2021, a total of 6 patients were identified. All patients had severe mitral regurgitation (MR) with a mean age of 56 ± 20 years and a mean LVEF of 40 ± 10%. The average EuroSCORE was 6.3 ± 3%, and patients had an average follow-up of 3 months. Figure 2 shows postoperative images.

RESULTS

The intra-operatively patient had no conversion to sternotomy with no residual MR, no paravalvular leak, and no left ventricular outflow tract obstruction. No in-hospital mortality, mean ICU stay 2 ± 1 day, and length of stay (LOS) 5 ± 1 day. At three months, follow-up showed functional class NYHA I in 83% (n=5) and II in 17% (n=1). Additionally, echocardiography findings showed no residual MR.

CONCLUSION

Our experience in tendyne valve transcatheter mitral valve implantation in selected patients is feasible and associated with good early outcomes.