Valvuloplastia mitral. Que hay de nuevo?

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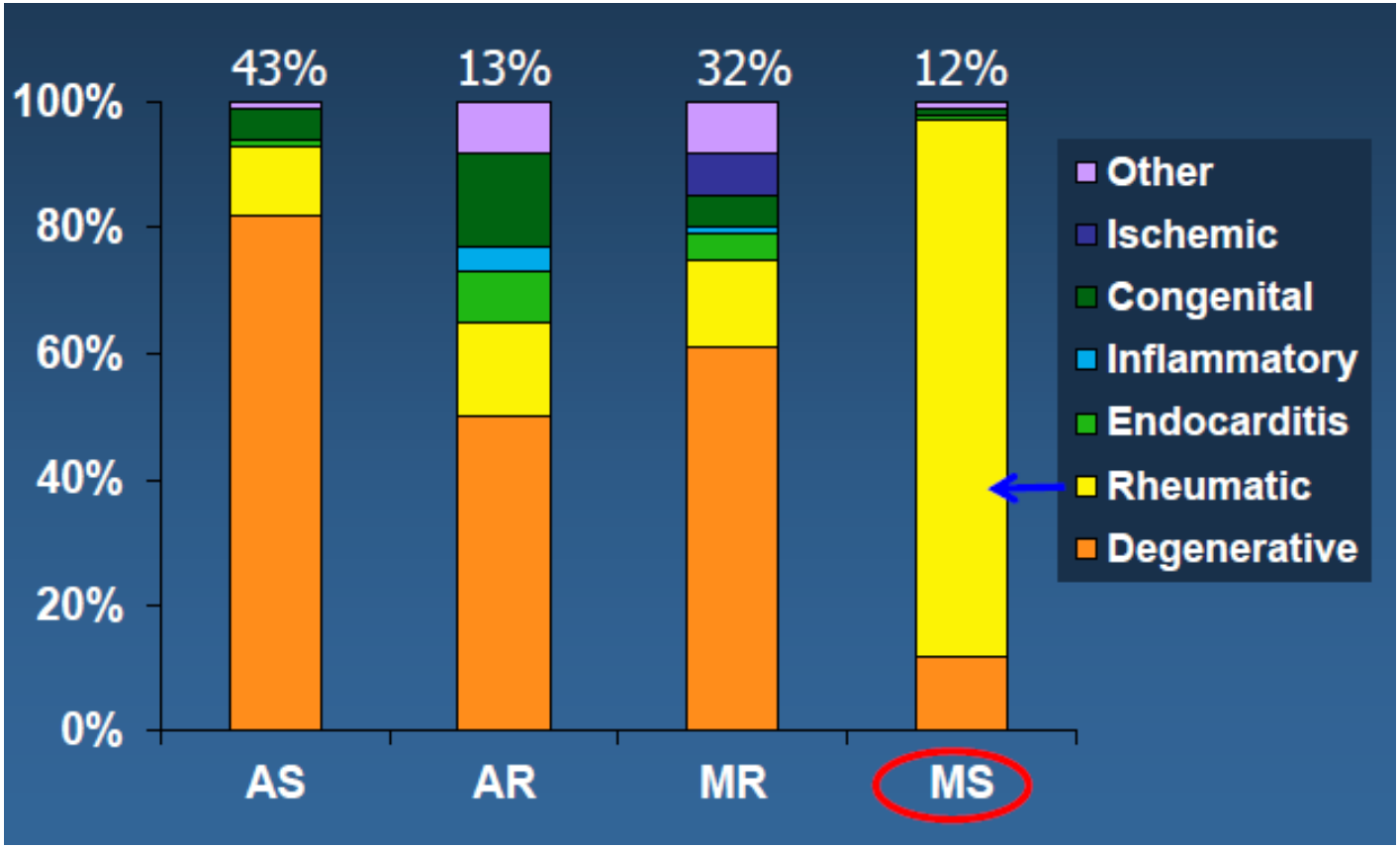
Que conocemos

- Técnica segura, efectiva
- Resultados corto largo plazo
- Complicaciones
- Poblaciones especiales

Que hay de nuevo

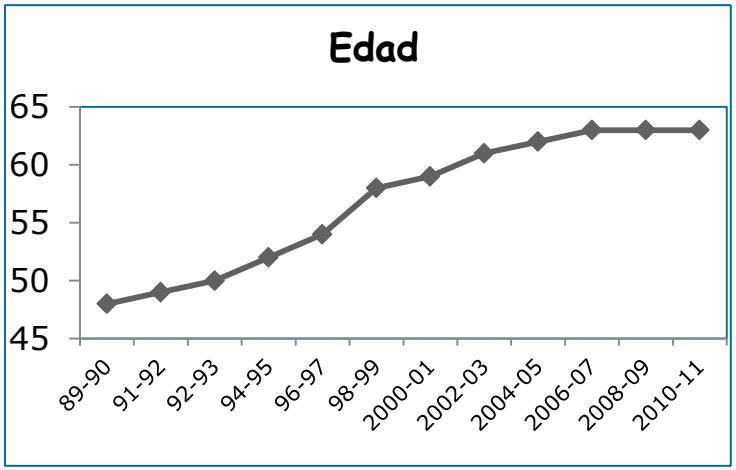
- En los pacientes
- En las indicaciones
- En la técnica

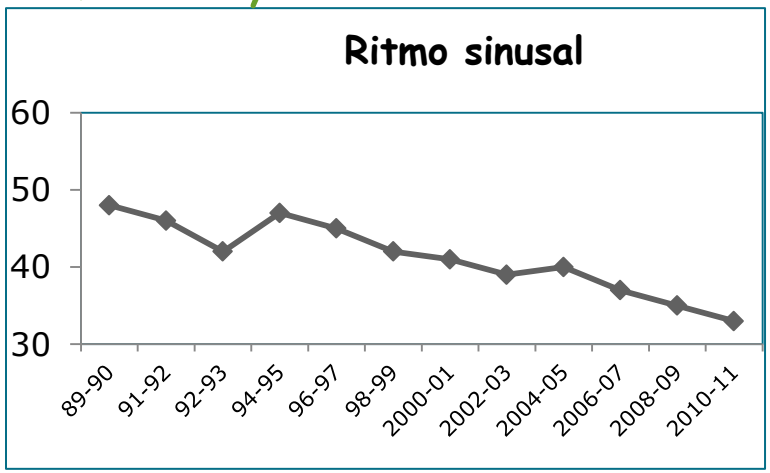
Prevalencia de la estenosis mitral en Europa

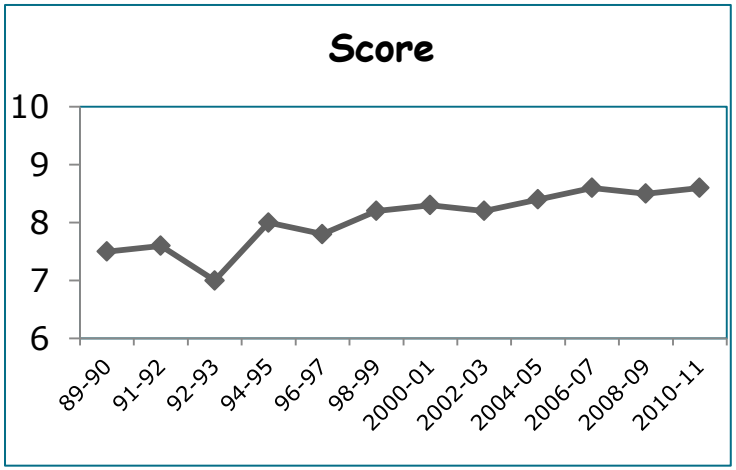


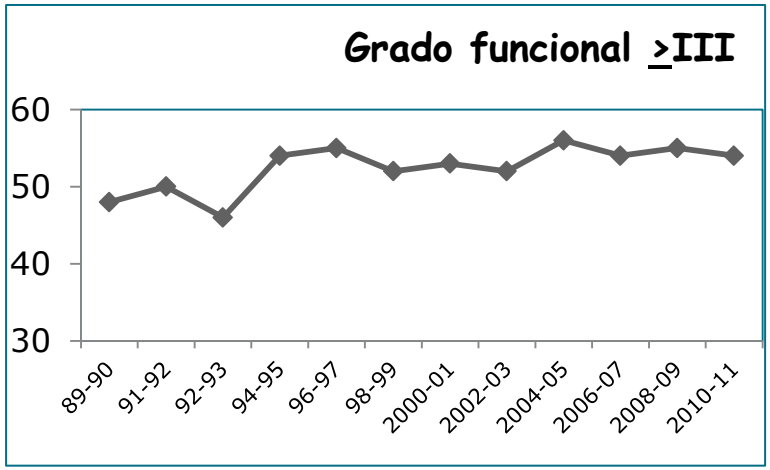
Iung et al. Eur H J 2003; 24:1244

Características de los P tratados con VMP. Serie HCSC, n=1415

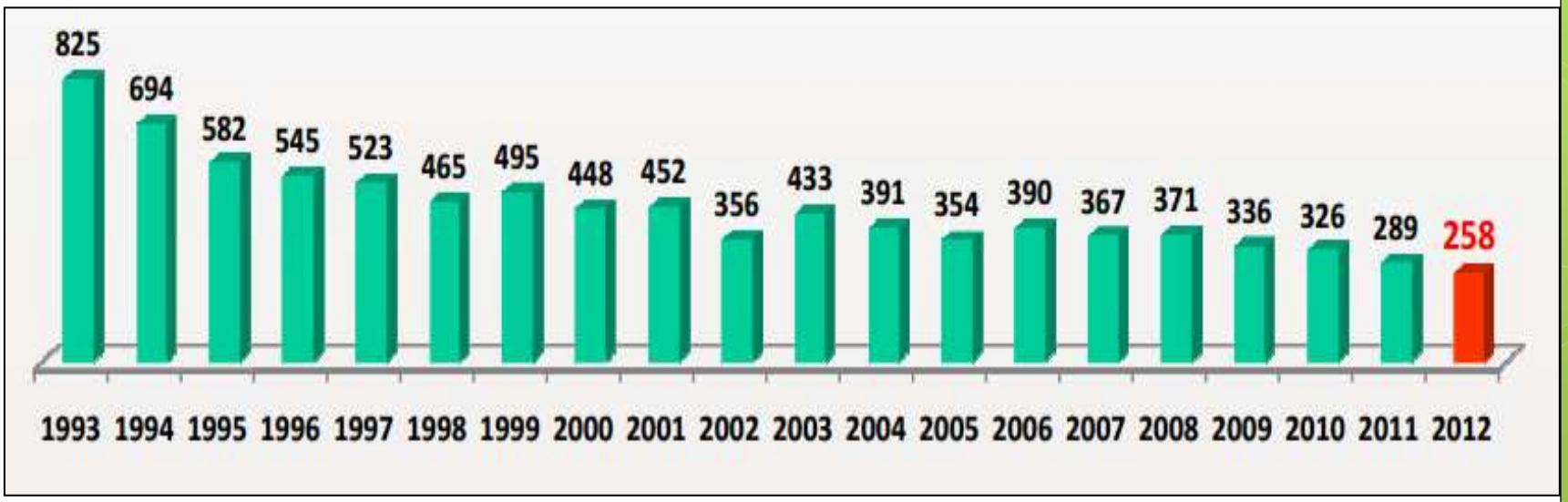








Numero de valvuloplastias mitrales en España



Registro Seccion hemodinámica de la SEC

5.7 VPM /millón habitantes en 2012

Indicaciones: Guias europeas 2012

Table 14 Indications for percutaneous mitral commissurotomy in mitral stenosis with valve area ≤1.5 cm²

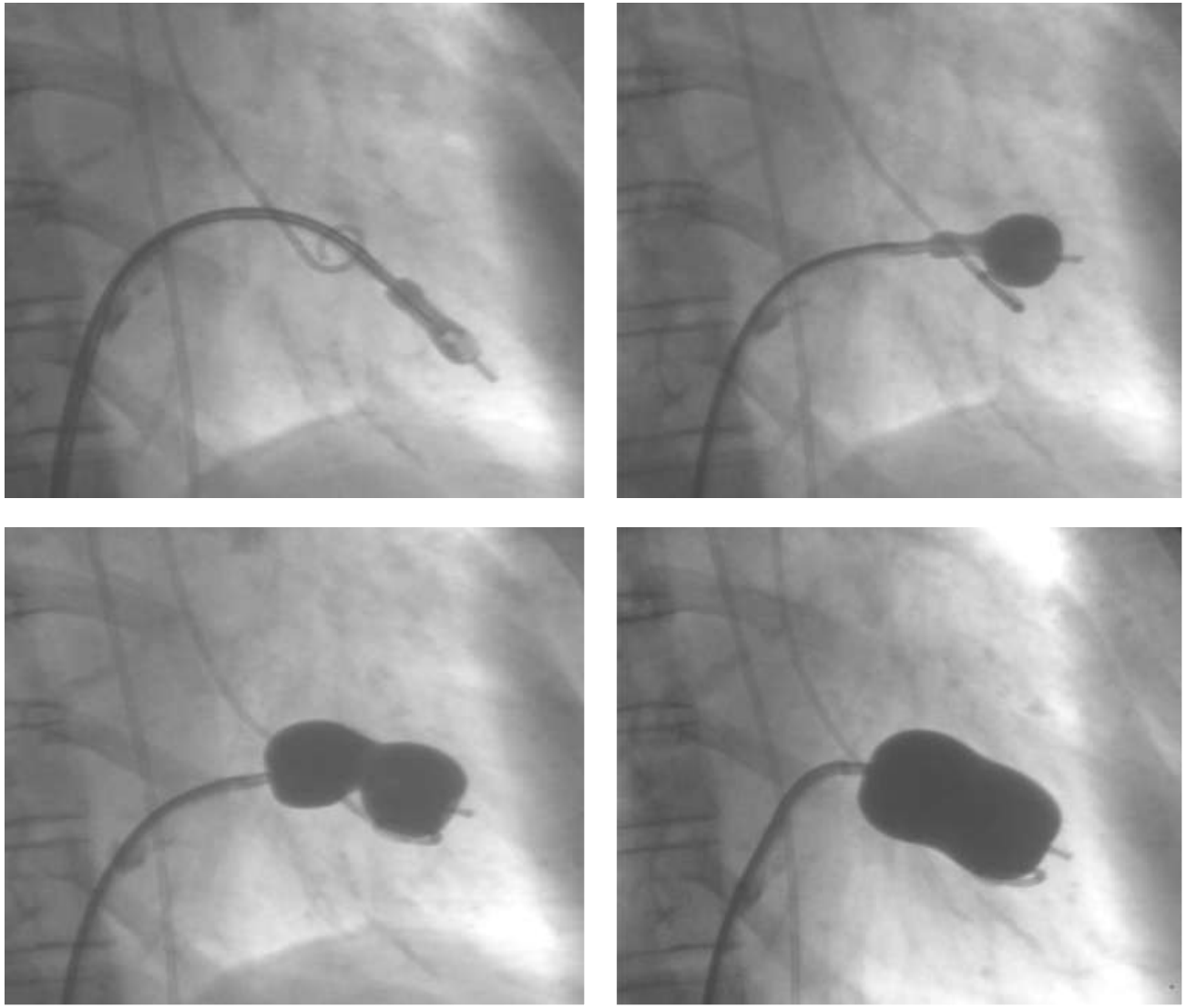
	Class[a]	Level[b]	Ref[c]
PMC is indicated in symptomatic patients with favourable characteristics.[d]	I	B	160, 170
PMC is indicated in symptomatic patients with contraindication or high risk for surgery.	I	C	
PMC should be considered as initial treatment in symptomatic patients with unfavourable anatomy but without unfavourable clinical characteristics.[d]	IIa	C	
PMC should be considered in asymptomatic patients without unfavourable characteristics[d] and • high thromboembolic risk (previous history of embolism, dense spontaneous contrast in the left atrium, recent or paroxysmal atrial fibrillation) and/or • high risk of haemodynamic decompensation (systolic pulmonary pressure >50 mmHg at rest, need for major non-cardiac surgery, desire for pregnancy).	IIa	C	

Table 15 Contraindications to percutaneous mitral commissurotomy

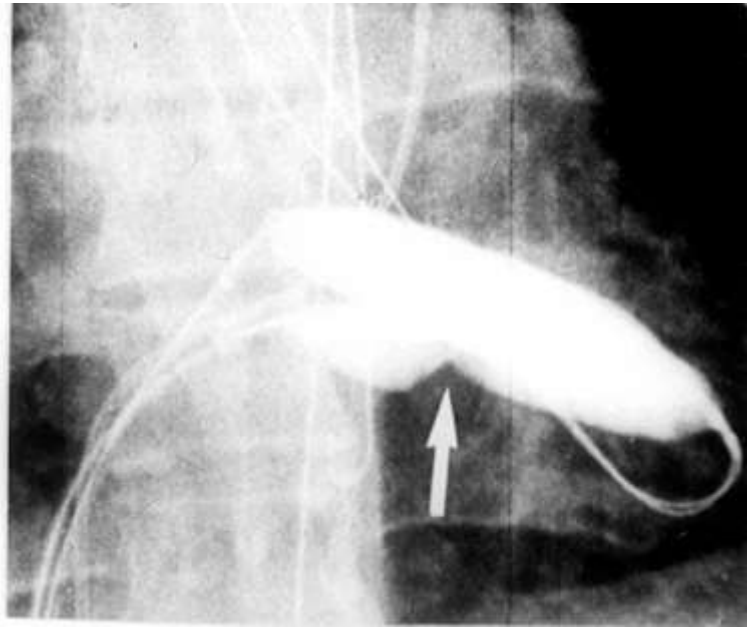
• Mitral valve area >1.5 cm²
• Left atrial thrombus
• More than mild mitral regurgitation
• Severe or bicommissural calcification
• Absence of commissural fusion
• Severe concomitant aortic valve disease, or severe combined tricuspid stenosis and regurgitation
• Concomitant coronary artery disease requiring bypass surgery

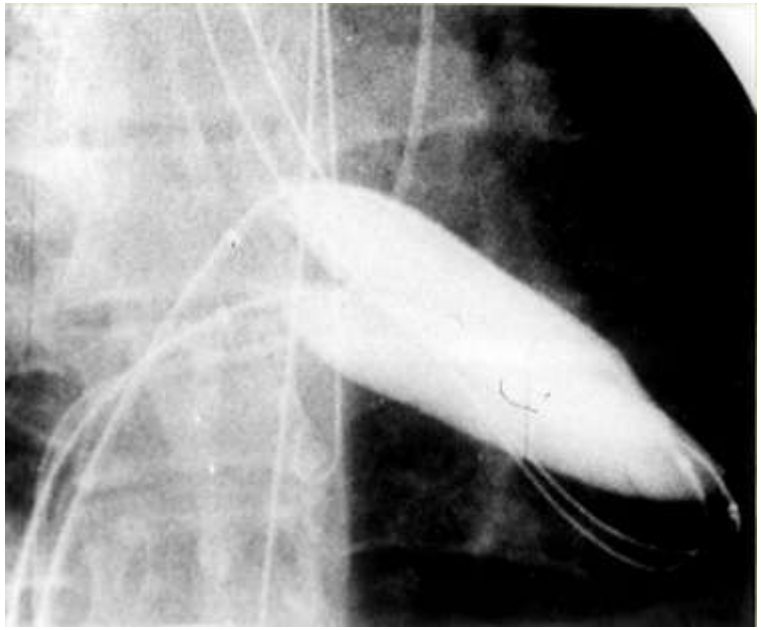
Que hay de nuevo en la técnica y sus resultados

Técnica de Inoue

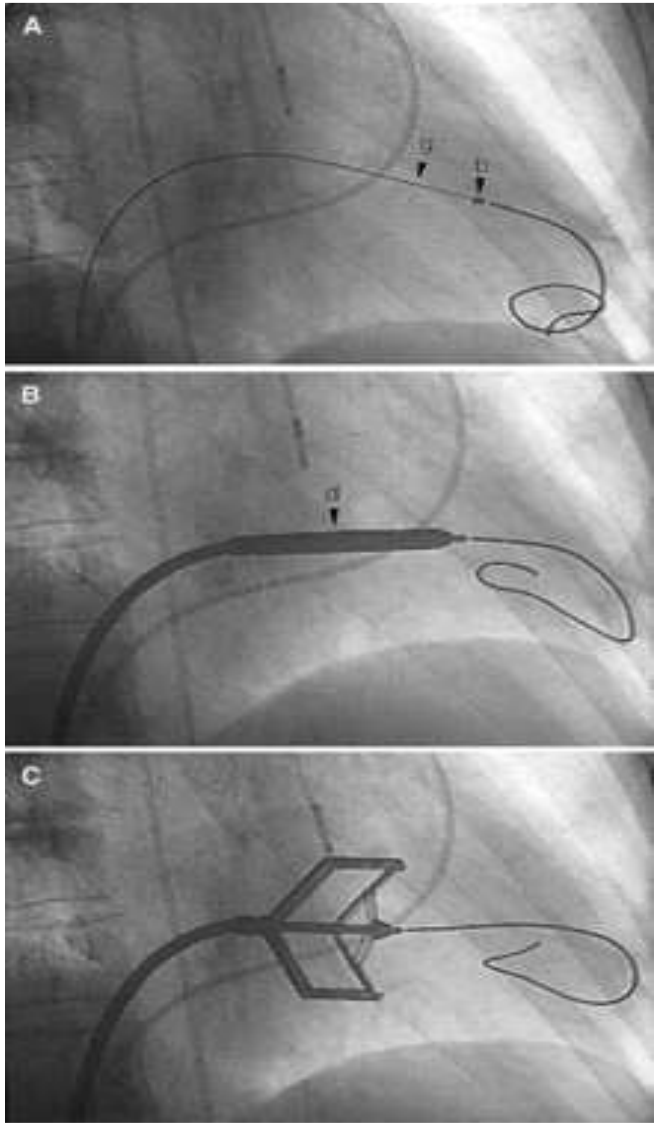


Técnica de doble balón





Valvulotomo de Cribier



Cribier A, et al.
Circulation 1999;99:793.

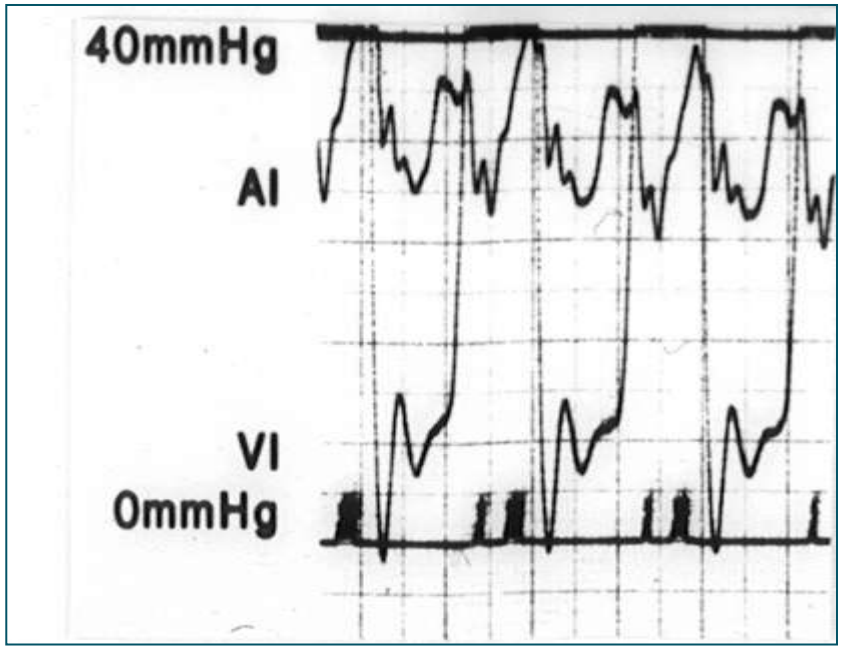
Resultados inmediatos

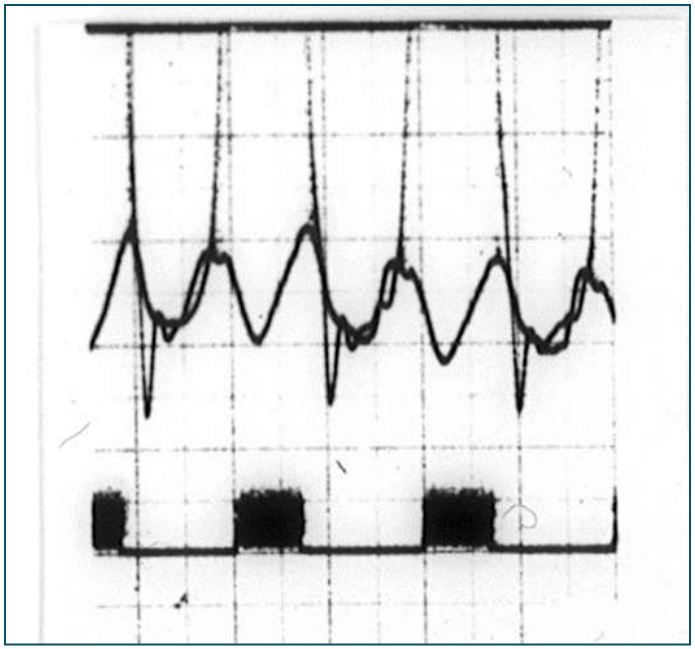
VMP: Experiencia HCSC Resultado global

N=1415

Buen resultado AVM≥1.5cm2, IM ≤ moderada	**78%**
Apertura insuficiente AVM <1.5cm2, IM ≤ moderada	**15%**
IM severa	**6%**

VMP con éxito





pre-VMP

AVM 0.8 cm_2
No IM

post-VMP

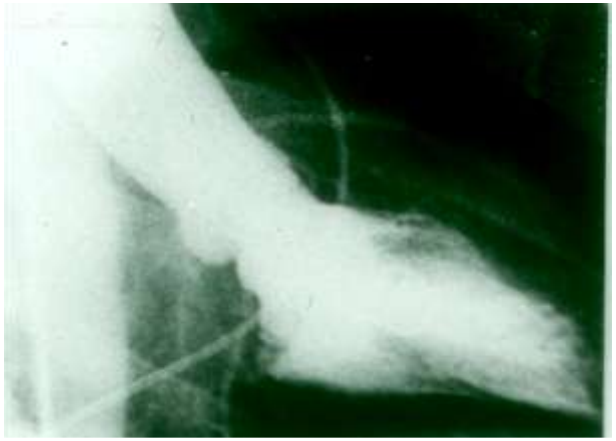
AVM 3 cm_2
IM leve

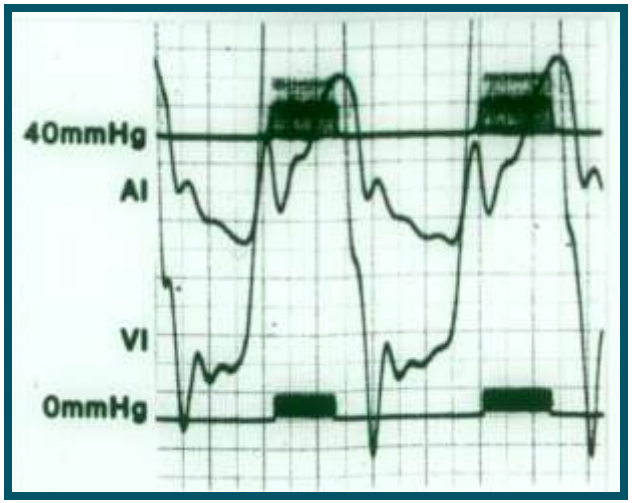
Buena apertura, IMi moderada

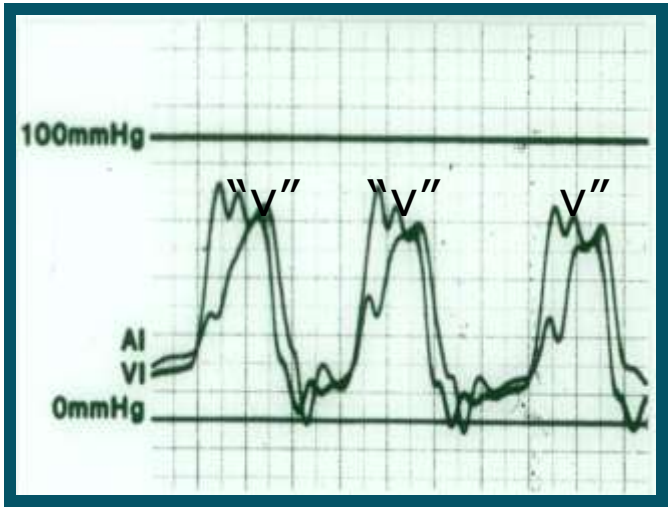
pre-VMP
AVM 0.8 cm_2
No IM

post-VMP
AVM 2.1 cm2
IM moderada

Insuficiencia mitral severa







pre-VMP
AVM 0.9 cm2, IM leve

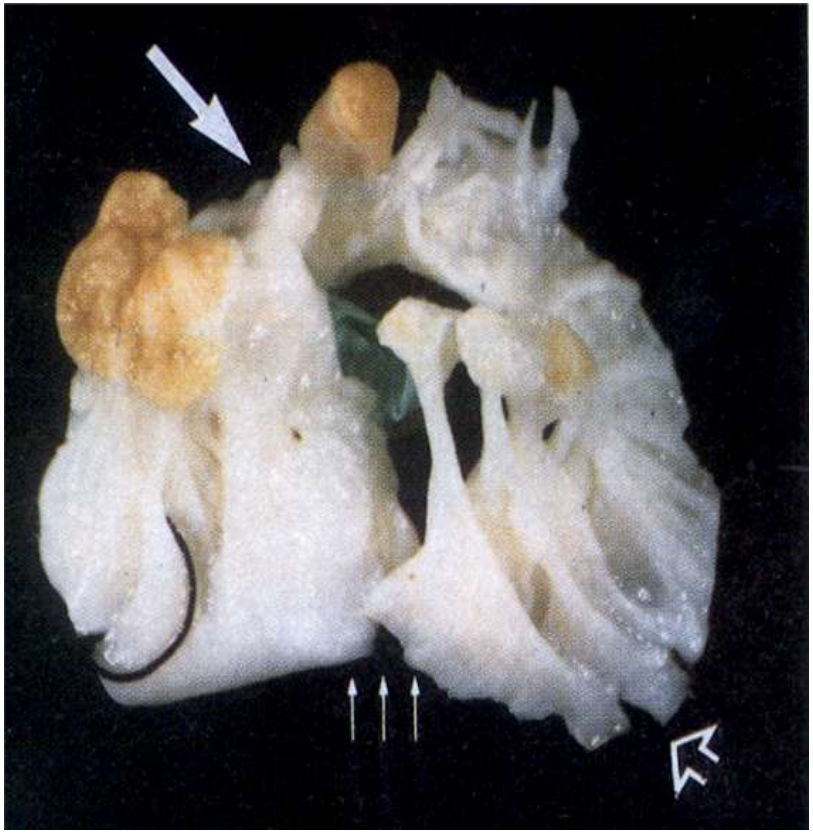
post-VMP
IM severa

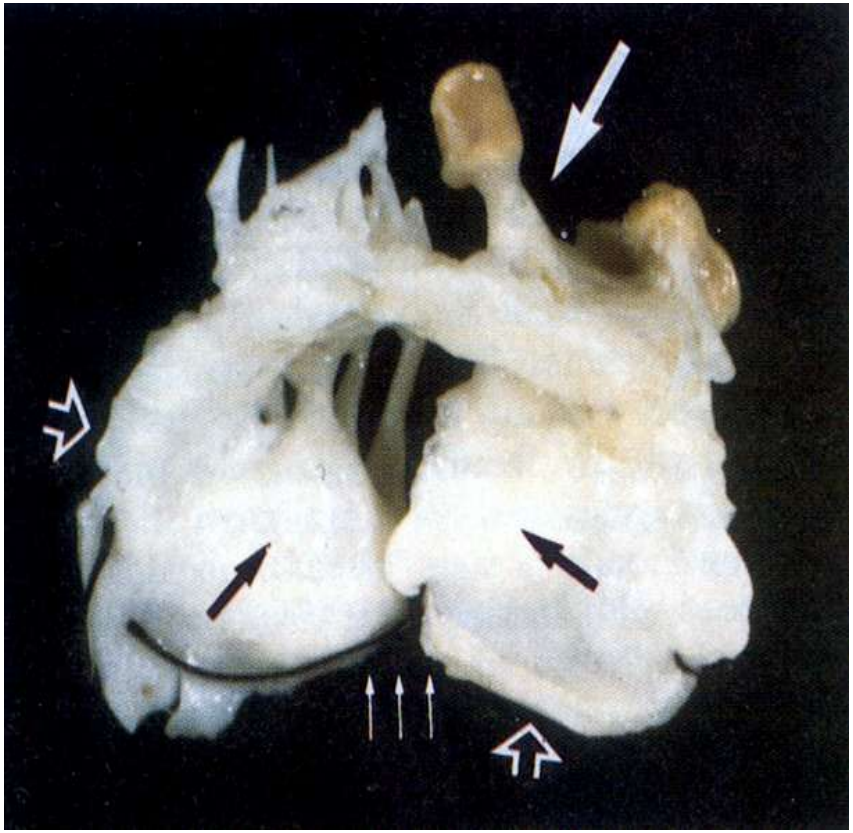
Complicaciones

- IM severa: 4.5%
- Taponamiento: 0.4%
- Cirugía urgente: 1%
- Muerte: 0.4%
- ACV con secuelas: 0.4%
- Complicación vascular:
  - hematoma precisa transfusión 2%
  - Pseudoaneurisma: 6%
  - fístula arterio-venosa: 2%
  - necesidad cirugía vascular: 2%

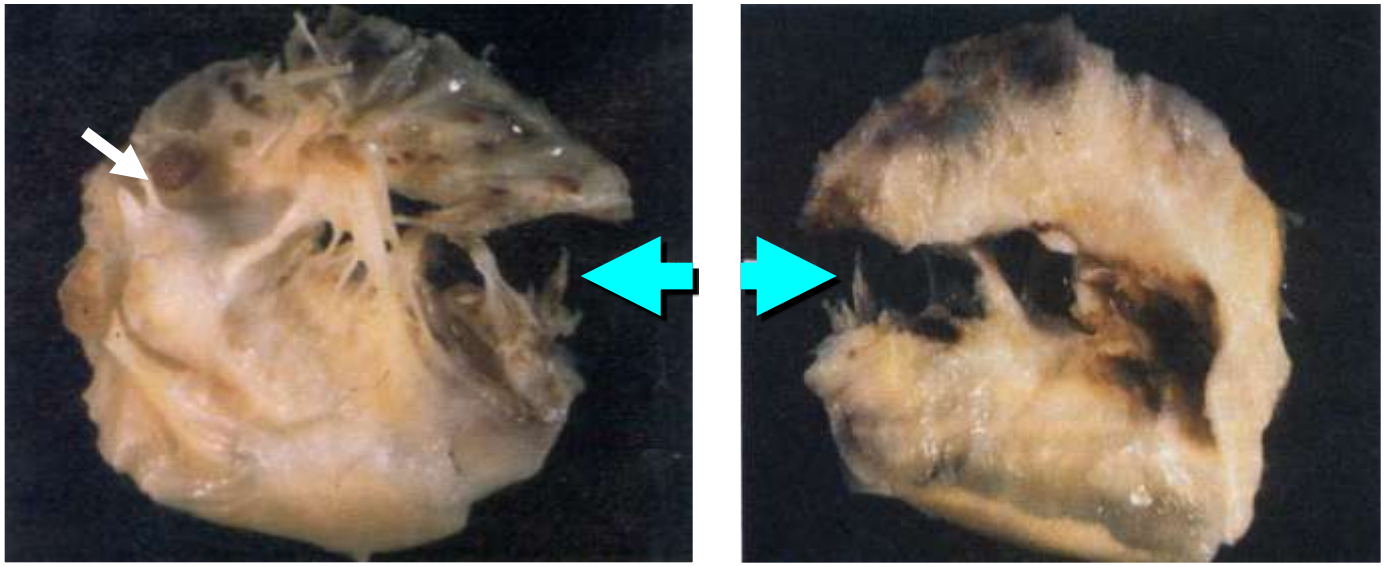
Serie HUSC, n = 1415

Rotura valvular post- VMP



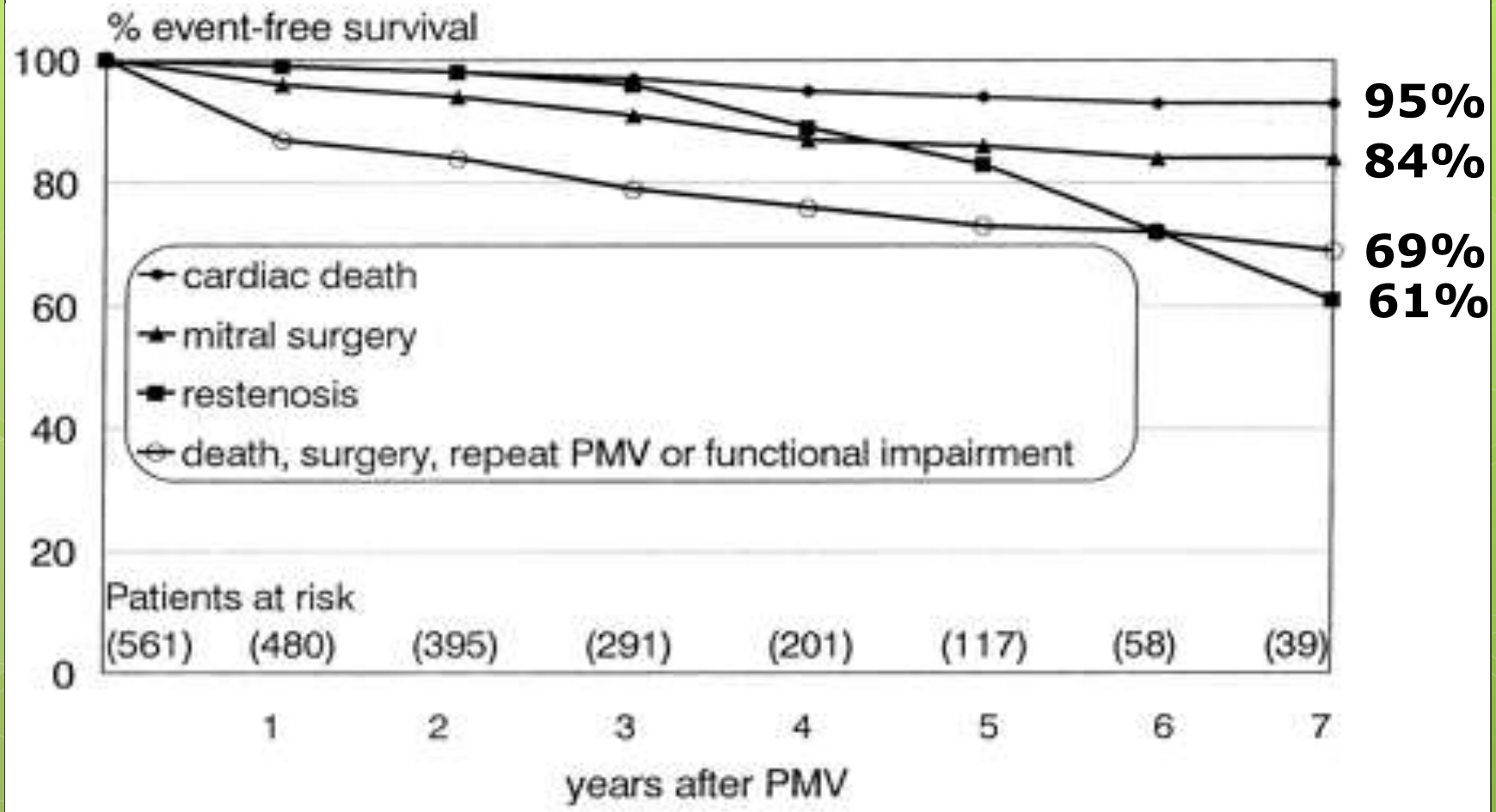


Rotura valvular post- VMP



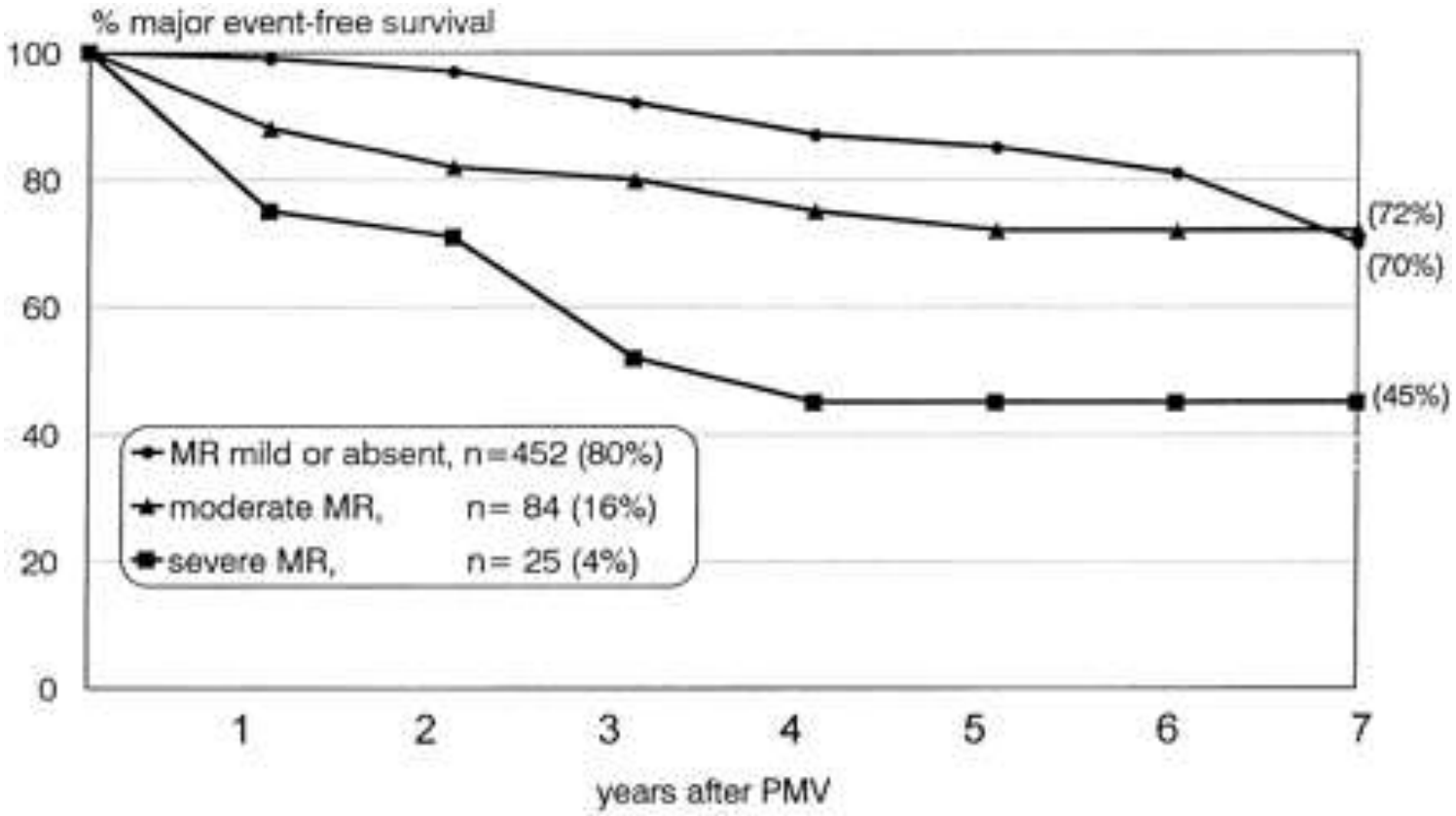
Evolución largo plazo

Supervivencia libre de eventos clínicos



Hernandez et al; Circulation 1999; 99:1580-6.

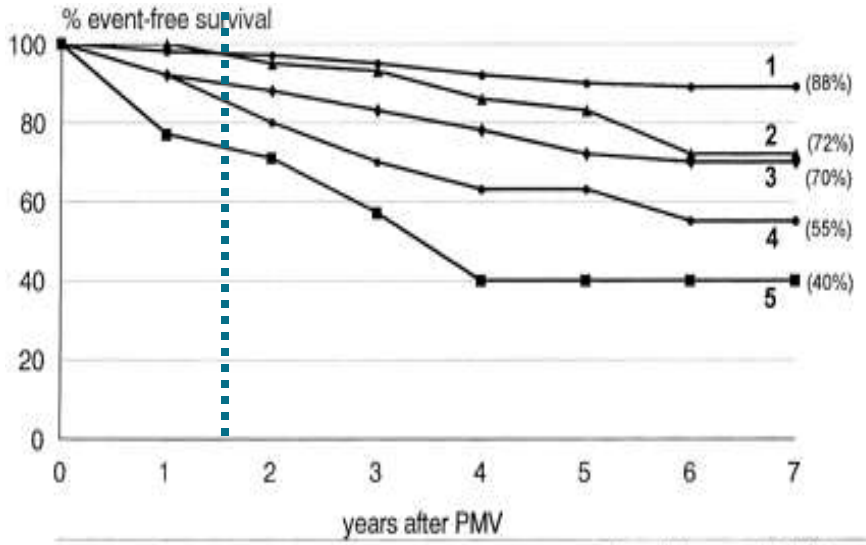
Supervivencia libre de eventos y regurgitación mitral post-VMP



Hernandez et al; Circulation 1999; 99:1580-6.

Supervivencia libre de eventos en función del score y el resultado

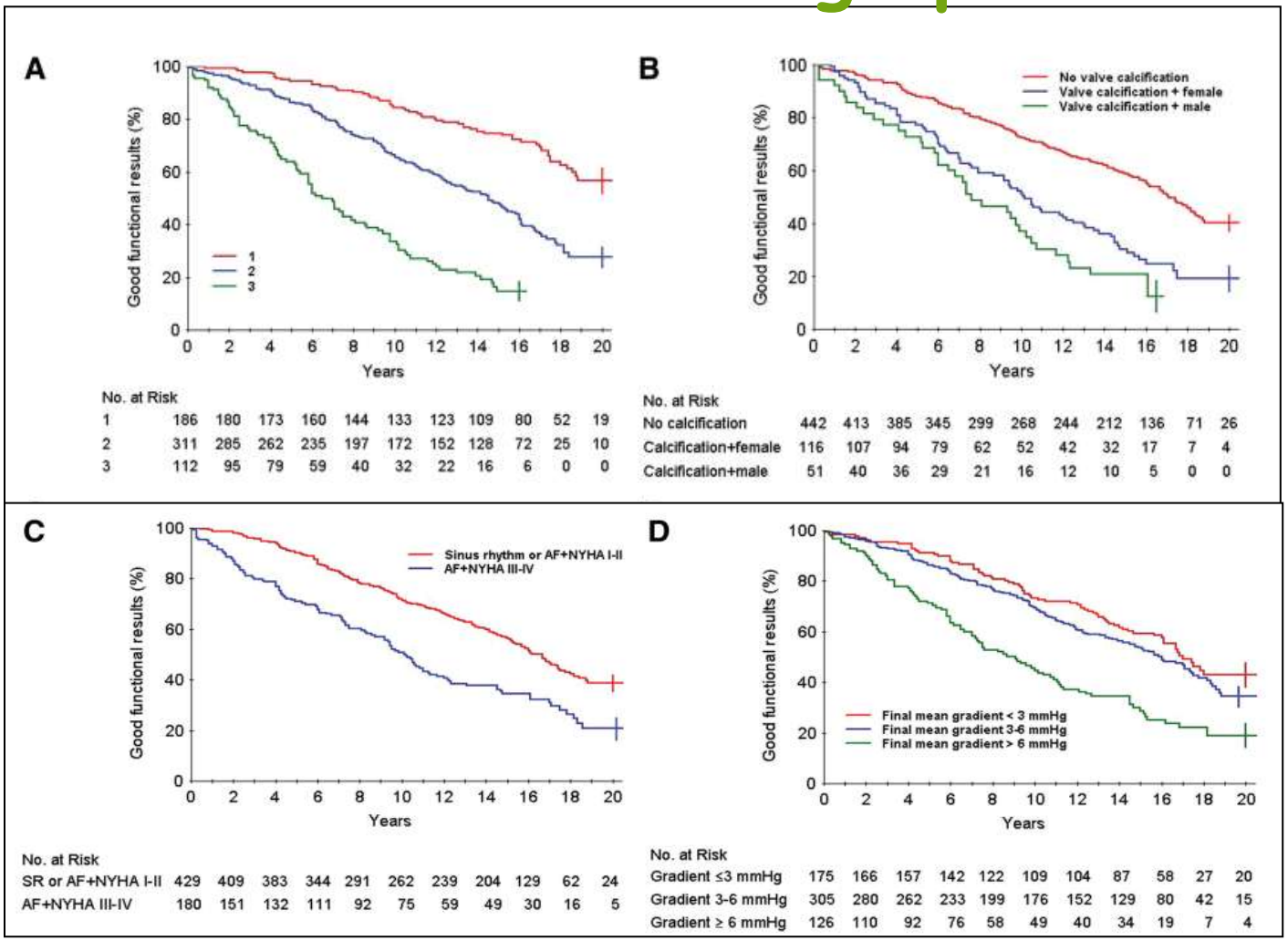
n= 561 VMP



		number (%)	RR (CI)
1	MVA≥1.5 cm2, MR ≤moderate, score ≤8	353 (63%)	1
2	MVA≥1.5 cm2, MR ≤ moderate, score >8	82 (15%)	1.42 (0.86-2.35)
3	MVA<1.5 cm2, MR ≤ moderate, score ≤8	52 (9%)	3.26 (1.96-5.36)
4	MVA<1.5 cm2, MR ≤moderate, score >8	49 (9%)	4.62 (2.80-7.62)
5	severe MR	25 (4%)	5.65 (3.02-10.53)

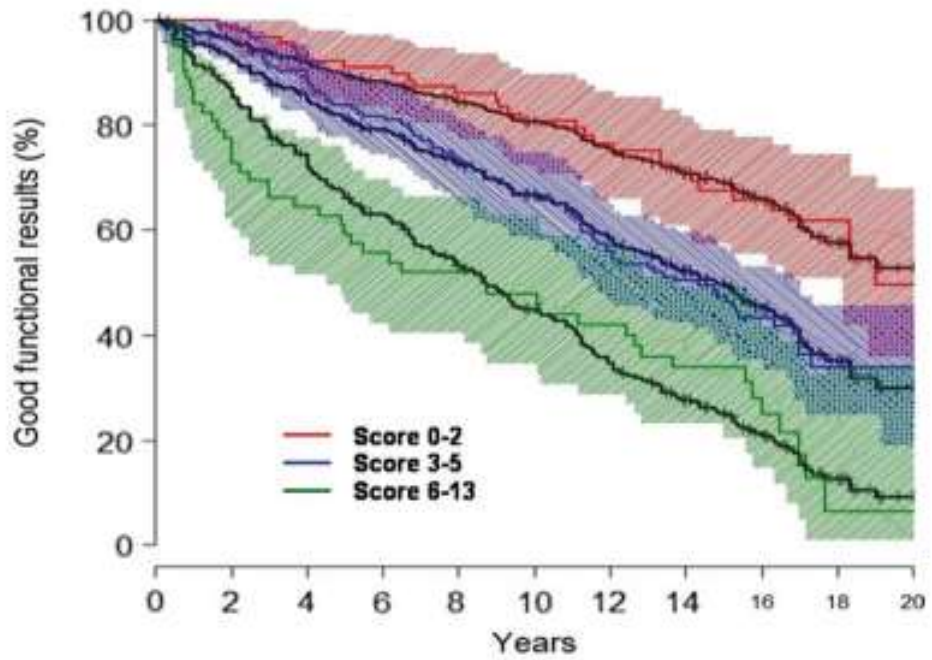
Hernandez et al; Circulation 1999; 99:1580-6.

Resultado a largo plazo



Bouleti et al. Circulation. 2012;125:2119-2127.

Resultado a largo plazo



No. at Risk											
Score 0-2	81	78	71	66	62	58	53	49	37	20	6
Score 3-5	146	138	122	111	94	81	71	53	28	10	3
Score 6-13	69	55	47	36	32	28	22	17	10	1	0

Bouleti et al. Circulation. 2012;125:2119-2127.

Conclusiones

- La VMP es el tratamiento de elección en pacientes sintomáticos con EM significativa y anatomía apropiada.
- La anatomía mitral es el principal determinante de los resultados iniciales de la técnica.
- Los resultados a largo plazo dependen de las características clínicas y anatómicas de los pacientes así como del resultado del procedimiento.
- Aunque el 50% de los pacientes con anatomía muy favorable y buen resultado inicial mantienen la mejoría funcional a los 20 años del procedimiento, la mayoría de los pacientes sometidos a VPM precisan una nueva intervención pasados los 10-15 años.
- En los 30 años de vida del procedimiento ha habido muy pocas modificaciones en la técnica y sus resultados.

Gracias