



The role of ultrasound during a **MitraClip** procedure

ACUSON SC2000 ultrasound system

Courtesy of Dr. Lissa Sugeng, MD, MPH and Rachel Kaplan, RDCS,
Yale-New Haven Hospital, New Haven, Connecticut, USA

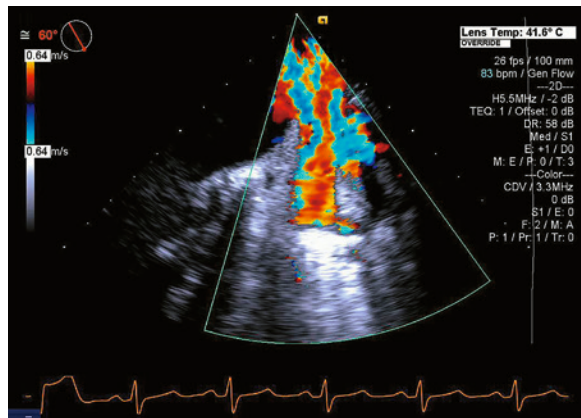
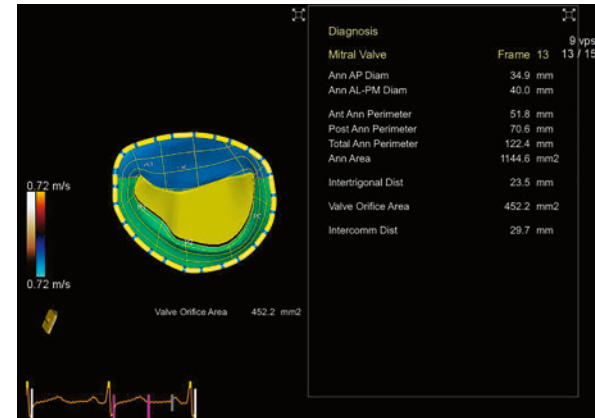
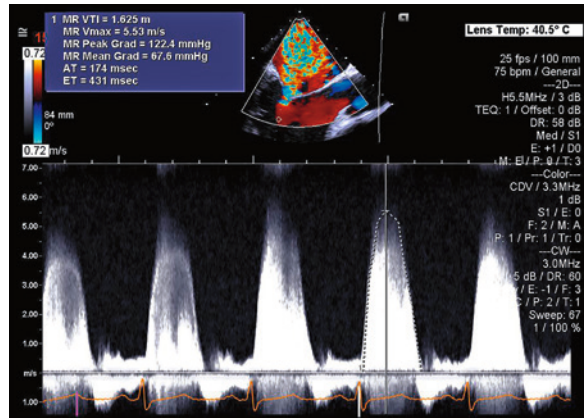
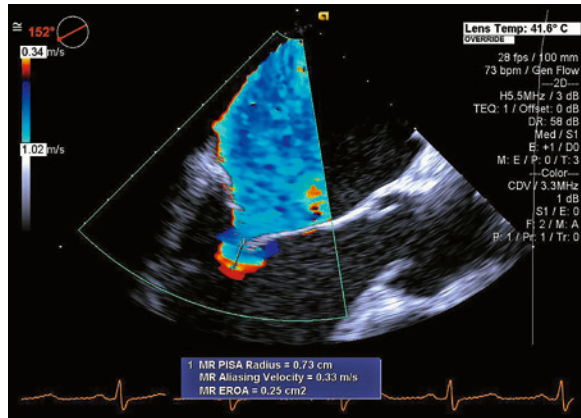
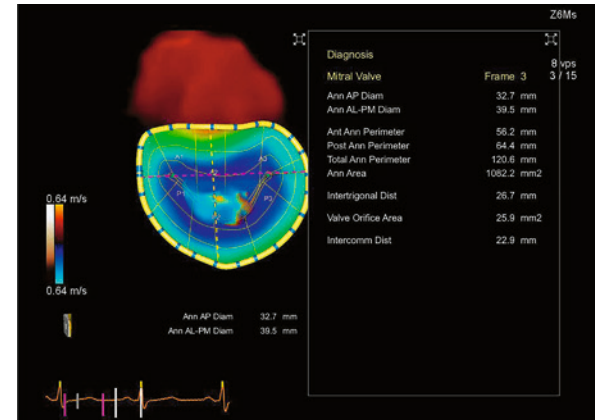
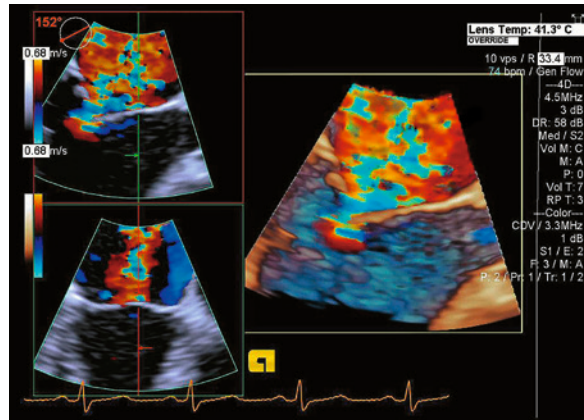
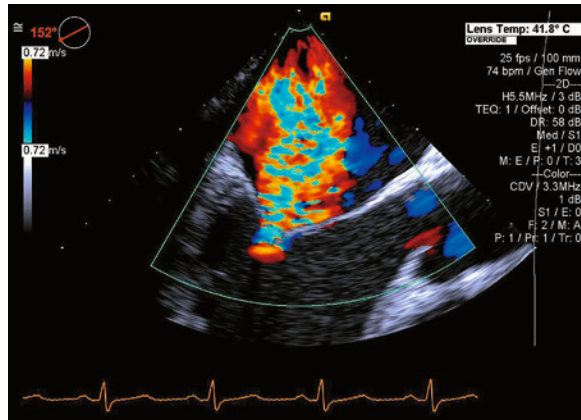
**Clinical
Case Study**

Clinical Case

A 65-year-old male who was previously diagnosed with severe mitral regurgitation was seen at Yale-New Haven Hospital, Connecticut, USA. The indication was mitral clip procedure.

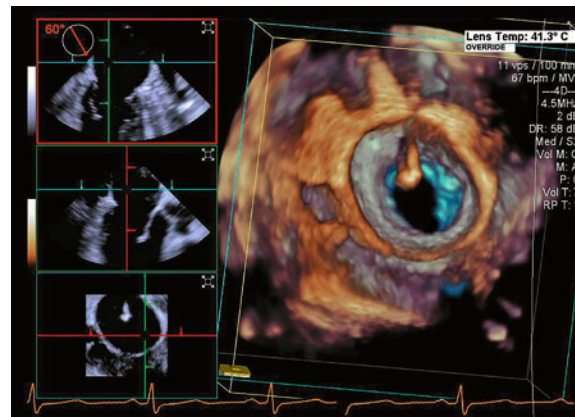
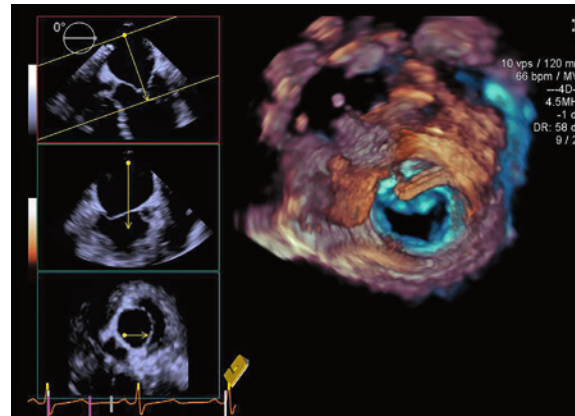
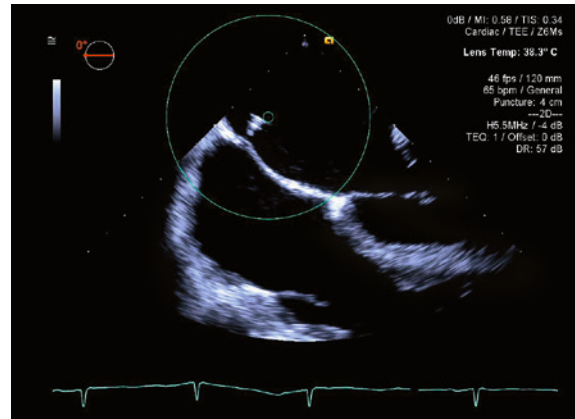
Pre-Procedure

The baseline transesophageal echocardiography (TEE) exam shows severe mitral regurgitation (MR) with two jets. The effective regurgitant orifice (ERO) area by proximal isovelocity surface area (PISA) using 2D transthoracic echocardiography (TTE) is 0.25 cm². The MR mean gradient is 67.6 mmHg. 3D modeling of mitral valves using the eSie Valves analysis package was also performed. Also, systolic flow reversal is seen in the pulmonary veins.



Trans-Septal Puncture

Septal guide provides real-time guidance when crossing the septum. Catheter positioning can also be seen with real-time full volume imaging using the D'art navigation tool.

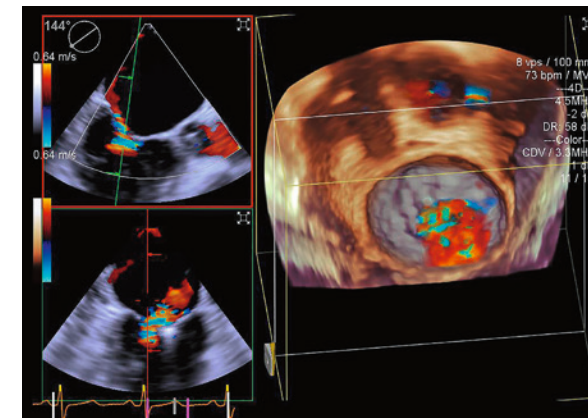
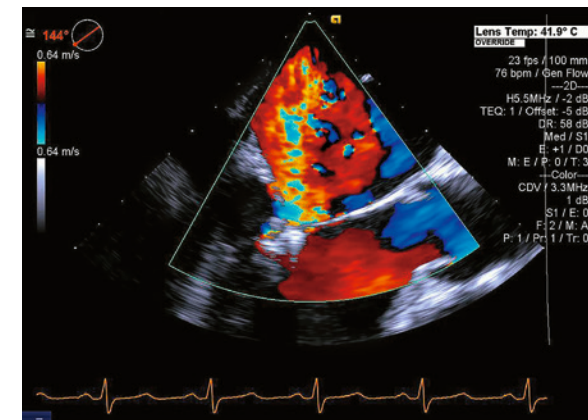
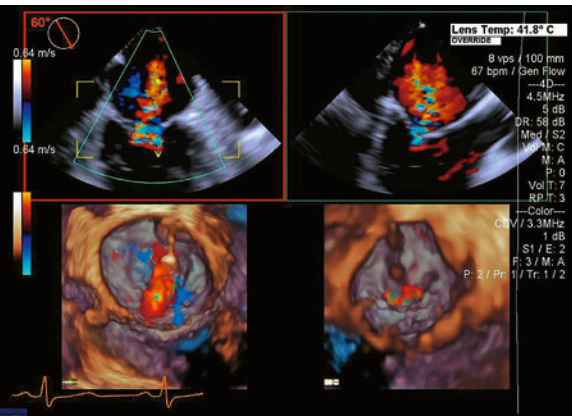
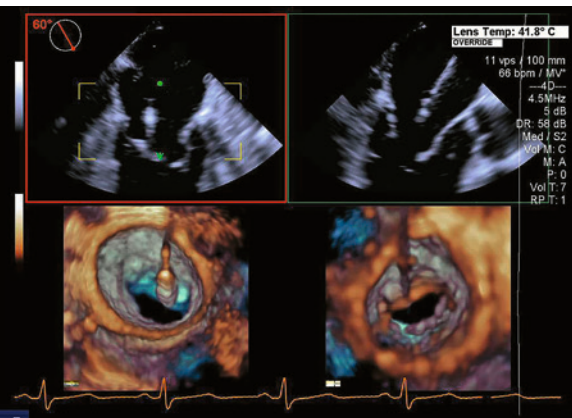
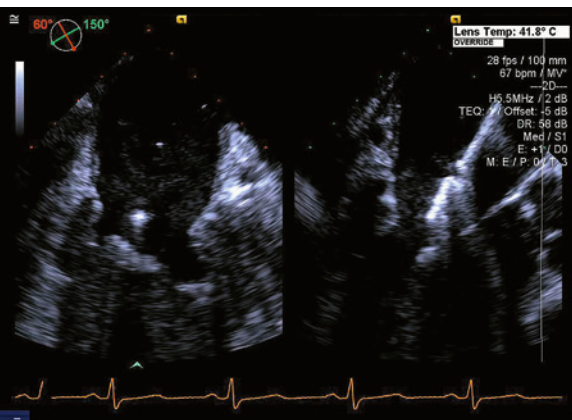


1st MitraClip Pre-Deployment

The MitraClip® crosses the mitral valve and grasps the anterior and posterior leaflets. A 3D visualization of the device is possible in real-time from both ventricular and atrial perspectives using Dual V. Additionally, real-time regurgitation can be observed using volume color Doppler.

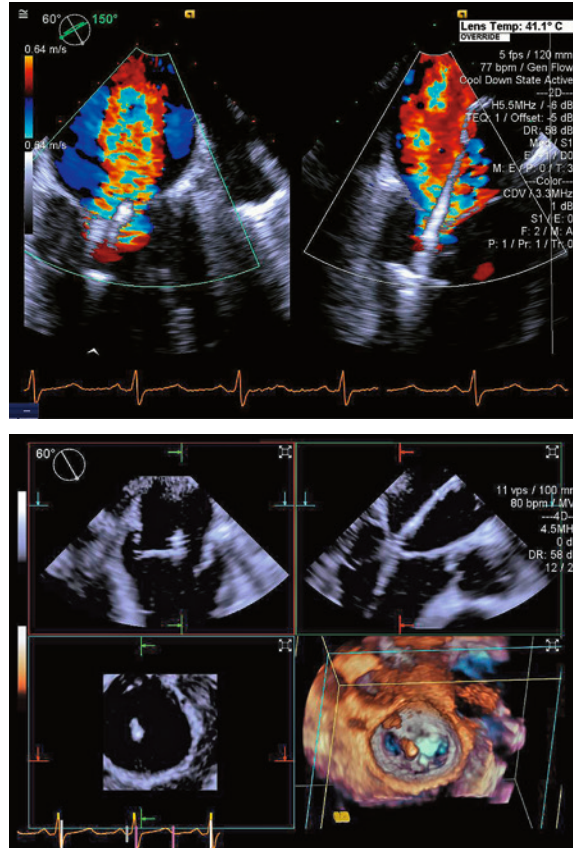
1st MitraClip Post-Deployment

After deployment of the first clip, significant residual mitral regurgitation can be observed in 2D and real-time 3D with volume color Doppler. It is determined that a second MitraClip is needed.



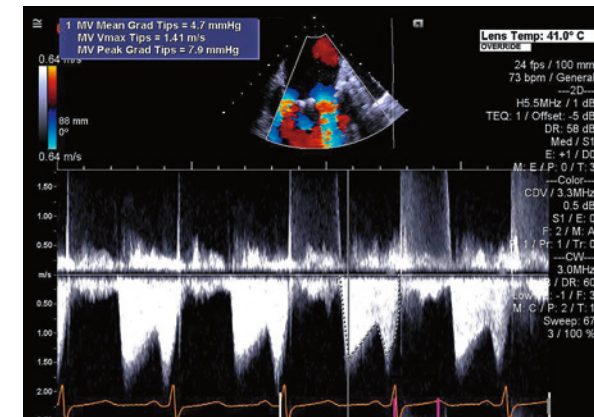
2nd MitraClip Pre-Deployment

The second clip is positioned, and grasps the anterior and posterior leaflets with confirmation by real-time full volume imaging and volume color Doppler.



2nd MitraClip Post-Deployment

The second MitraClip is placed on the P2-A2 segment. As a result, there are two orifices with a mean gradient of 4.7 mmHg. The mitral valve 3D model obtained in one click shows the valve orifice area post-clip using the eSie Valves package. Significant reduction in mitral regurgitation is observed. No pulmonary vein flow reversal is observed.



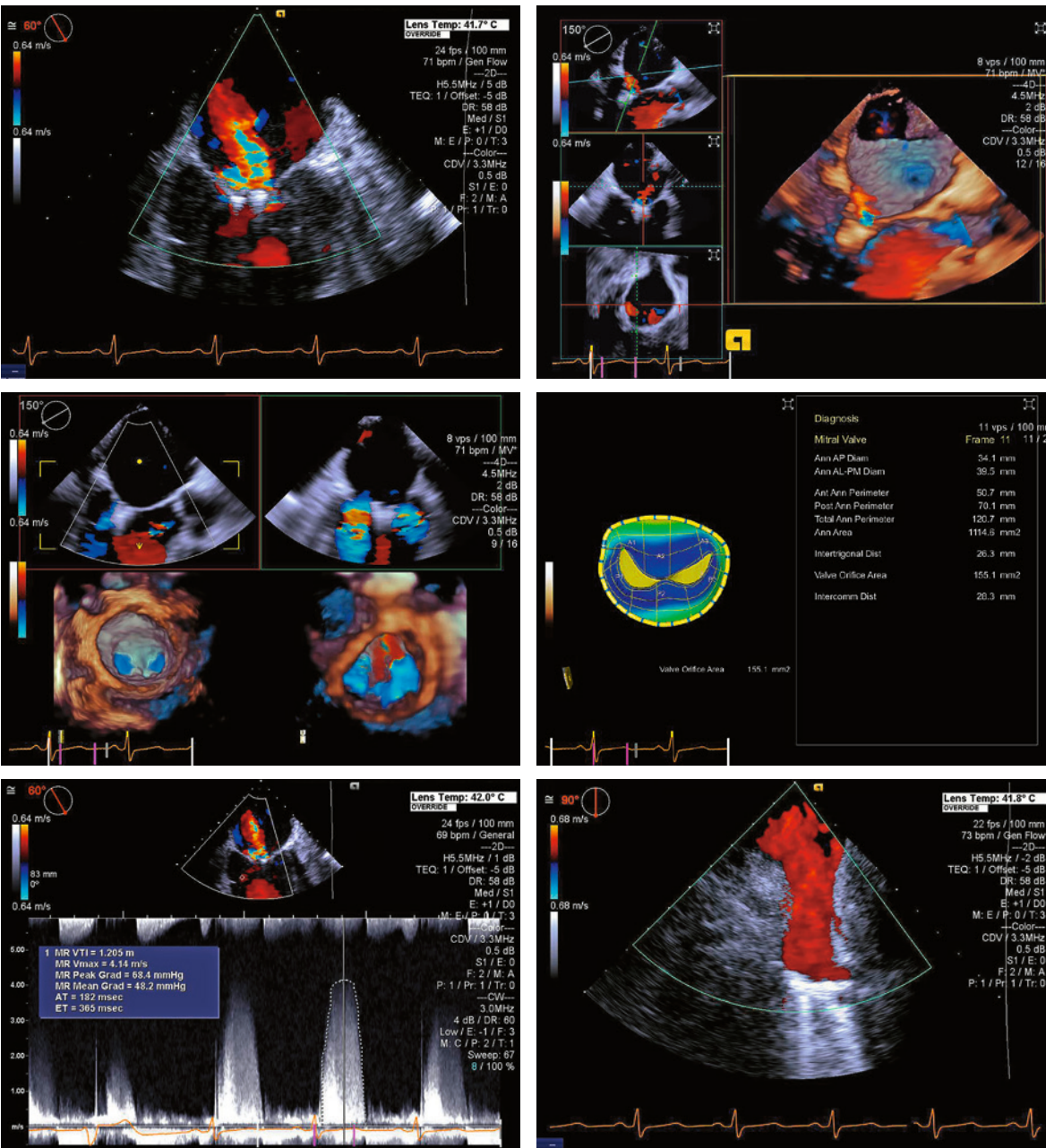
Results

The true volume TEE transducer (Z6Ms) on the ACUSON SC2000 defines the leading edge of 4D imaging with high volume rates and real-time continuous imaging.

During pre-procedure the ACUSON SC2000 was able to accurately and efficiently quantify MR with 2D PISA analysis and model the mitral valve in one click with eSie Valves package. During this MitraClip procedure, the physicians were able to see the regurgitation in real-time without stitching. Crossing the septum was easier using the septal guide that provided real-time navigation.

After deployment of the first clip, it was determined that there is a need for a second clip in this case. After deployment of the second clip, satisfactory reduction in regurgitation was accomplished.

The true volume TEE transducer (Z6Ms) allows physicians to operate on a wider variety of patients due to better visualization of form, flow and function. During the procedure, physicians have better visualization in real-time available to them, helping them to have more confidence in determining the status of the procedure. The ability to see the heart in real-time and visualize the regurgitation before, during and after the MitraClip was deployed, may increase the success of a procedure.



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Standalone clinical images may have been cropped to better visualize pathology.

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Siemens Healthineers Headquarters

Siemens Healthcare GmbH
Henkestr. 127
91052 Erlangen, Germany
Phone: +49 9131 84-0
siemens.com/healthineers

Legal Manufacturer

Siemens Medical Solutions USA, Inc.
Ultrasound
22010 S.E. 51st Street
Issaquah, WA 98029, USA
Phone: 1-888-826-9702
siemens-healthineers.com/ultrasound