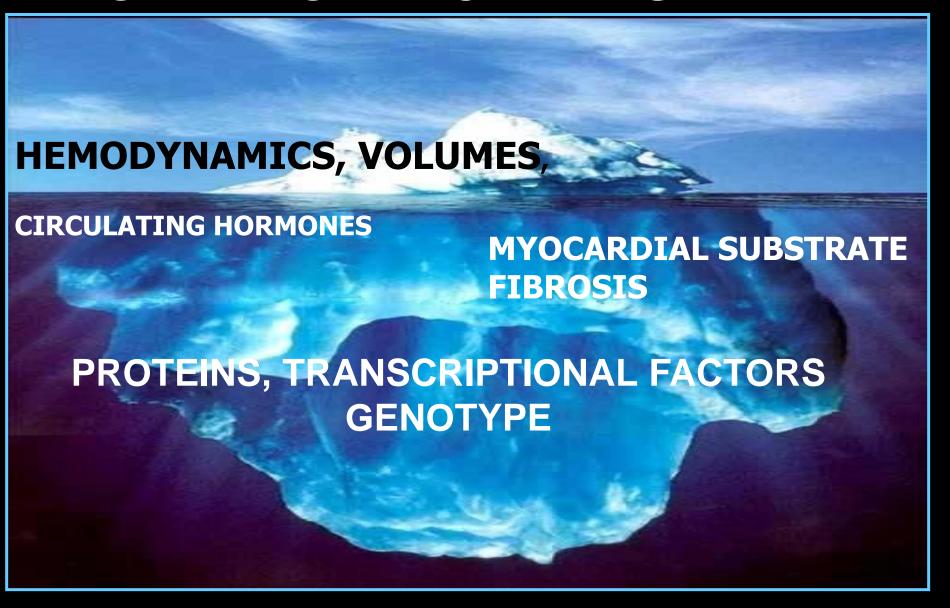
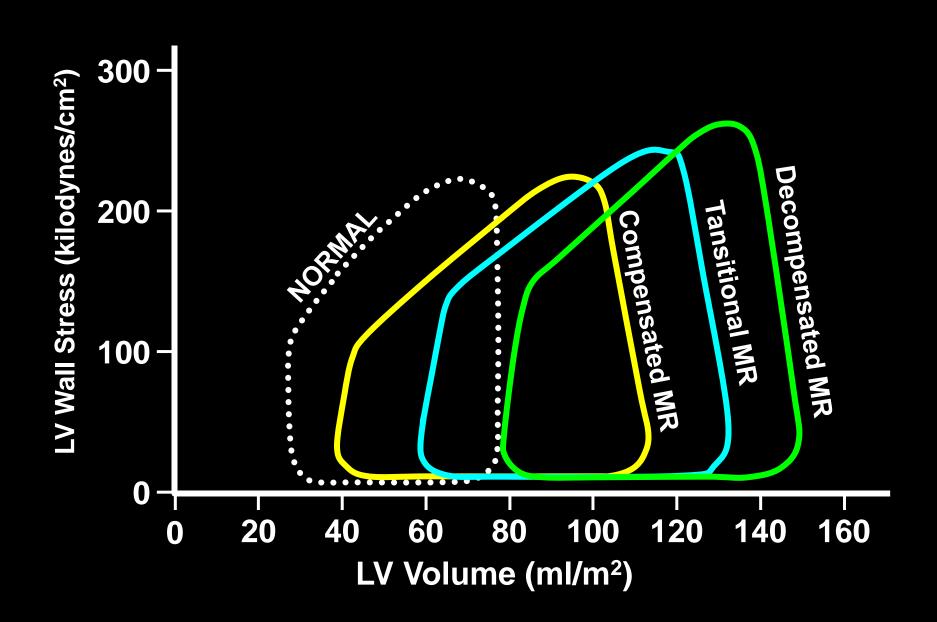
CARDIAC REMODELING IN VHD



Cardiac Remodeling in VHD

Critical points, Paradigm shifts, New perspectives

- ✓ Ventricular vs Valvular Remodeling (Dynamic essence of valvular disease)
- **✓** From ventricular volumes to myocardial substrate assessement
- ✓ From remodeling to reverse remodeling (TAVI and MitraClip as opportunities to study reverse remodeling)
- ✓ From ventricles to atria

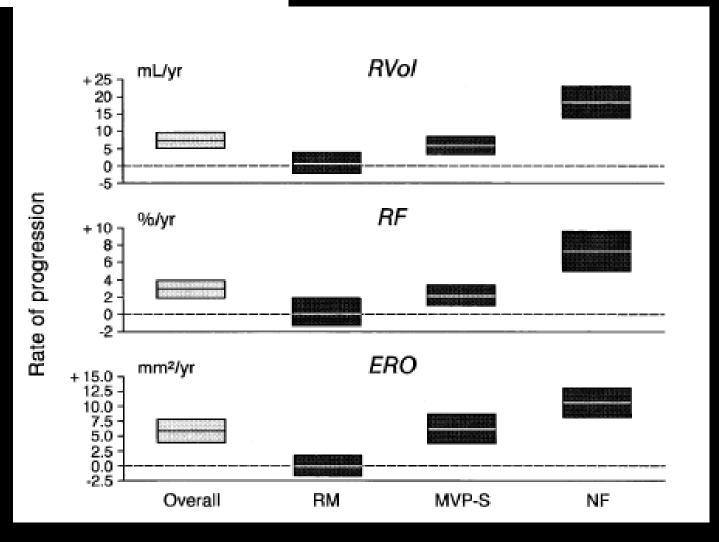


Progression of Mitral Regurgitation

A Prospective Doppler Echocardiographic Study

Maurice Enriquez-Sarano, MD, FACC,* Arsene-Joseph Basmadjian, MD,* Andrea Rossi, MD,* Kent R. Bailey, PhD,† James B. Seward, MD, FACC,* A. Jamil Tajik, MD, FACC*

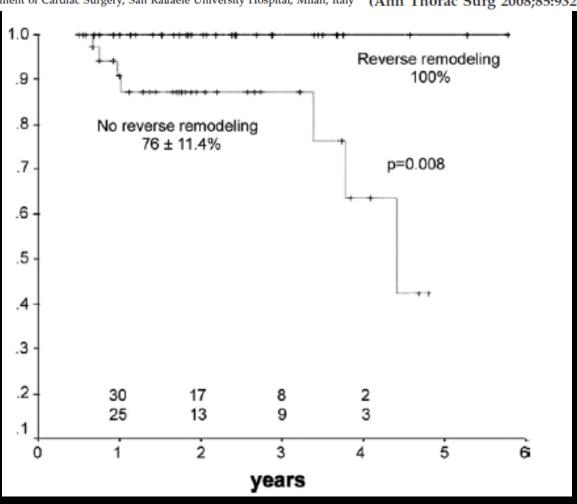
(J Am Coll Cardiol 1999;34:1137-44)



Recurrence of Mitral Regurgitation Parallels the Absence of Left Ventricular Reverse Remodeling After Mitral Repair in Advanced Dilated Cardiomyopathy

Michele De Bonis, MD, Elisabetta Lapenna, MD, Alessandro Verzini, MD, Giovanni La Canna, MD, Antonio Grimaldi, MD, Lucia Torracca, MD, Francesco Maisano, MD, and Ottavio Alfieri, MD

Department of Cardiac Surgery, San Raffaele University Hospital, Milan, Italy (Ann Thorac Surg 2008;85:932-9)



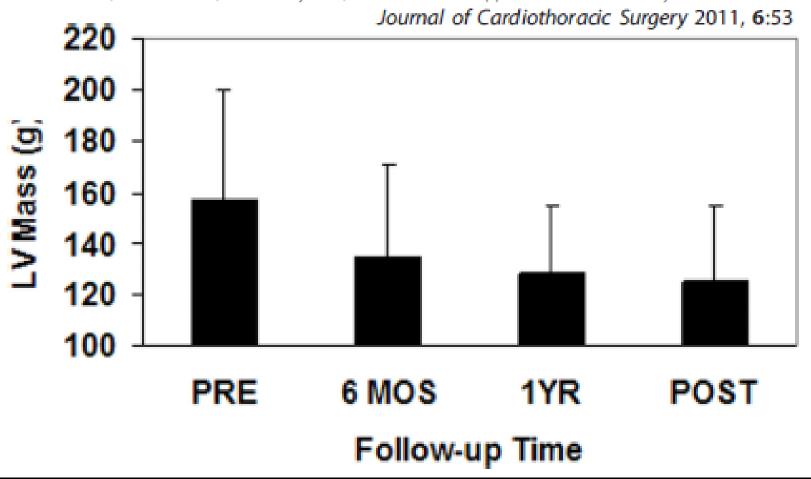
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LV reverse remodeling imparted by aortic valve replacement for severe aortic stenosis; is it durable? A cardiovascular MRI study sponsored by the American Heart Association

Robert WW Biederman^{1*}, James A Magovern³, Saundra B Grant¹, Ronald B Williams¹, June A Yamrozik¹, Diane A Vido¹, Vikas K Rathi¹, Geetha Rayarao¹, Ketheswaram Caruppannan^{1,2} and Mark Doyle¹



Impact of Myocardial Fibrosis in Patients With **Symptomatic Severe Aortic Stenosis**

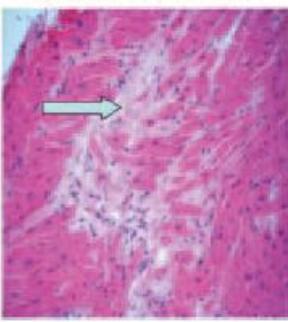
Frank Weidemann, MD*; Sebastian Herrmann*; Stefan Störk, MD; Markus Niemann, MD; Stefan Frantz, MD; Volkmar Lange, MD; Meinrad Beer, MD; Stefan Gattenlöhner, MD; Wolfram Voelker, MD; Georg Ertl, MD; Jörg M. Strotmann, MD

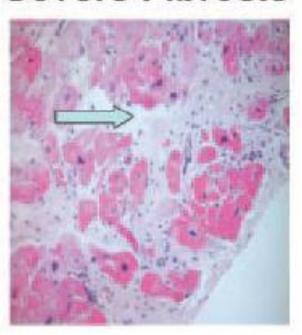
Circulation 2009;120:577-84

No Fibrosis

Mild Fibrosis Severe Fibrosis



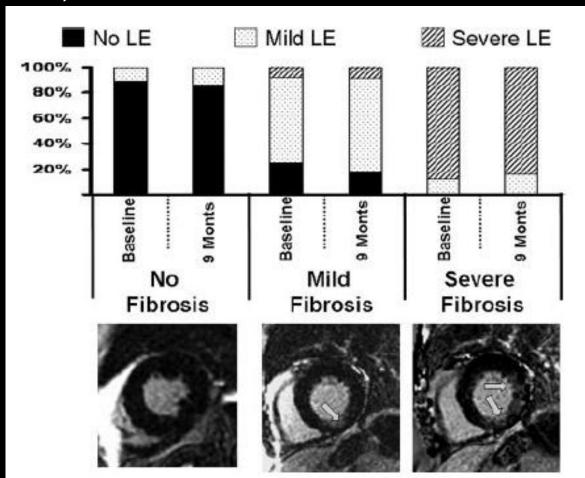




Impact of Myocardial Fibrosis in Patients With Symptomatic Severe Aortic Stenosis

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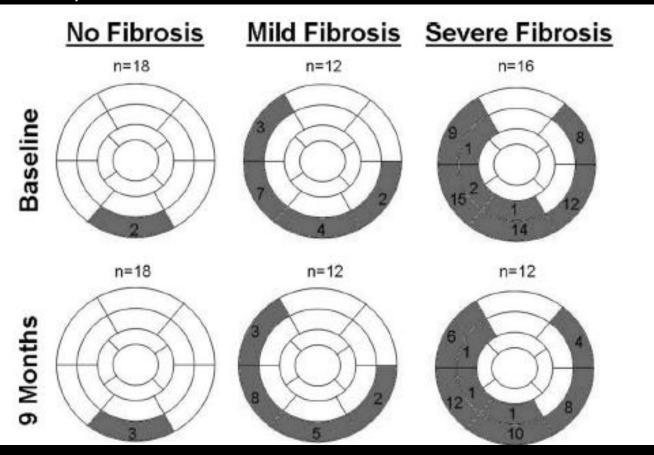
Circulation 2009;120:577-84

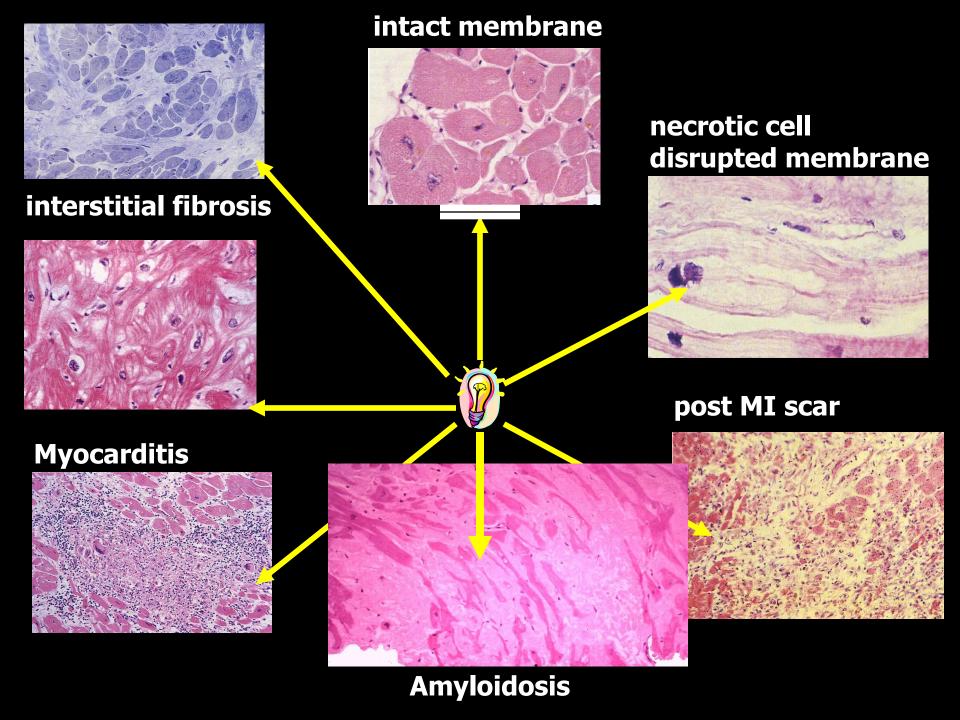


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Circulation 2009;120:577-84

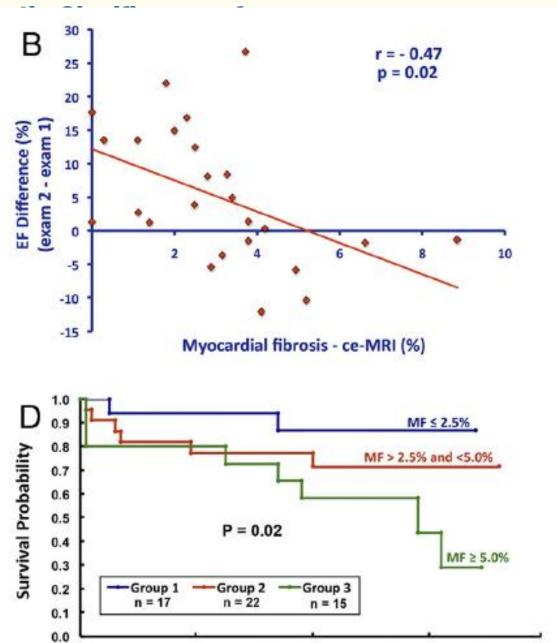






Progno Myoca Histop Imagin

Clerio F. A Guilherme Carlos Edu São Paulo,



40

Time (months)

60

80

20

0

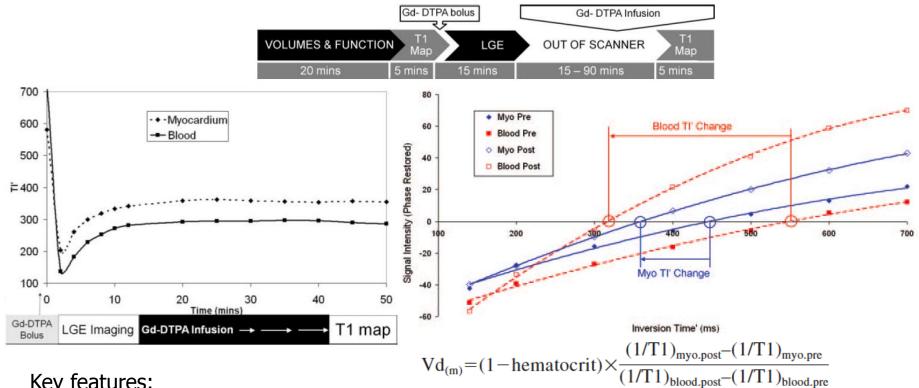
e

antzeff, MD,

;56:278-87)

berg, MD,

Equilibrium-Contrast CMR



Key features:

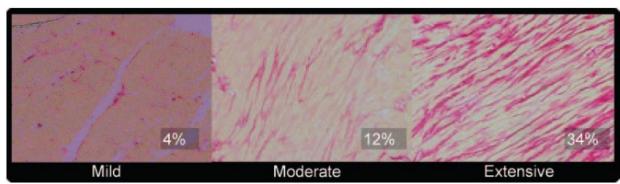
- a bolus of Gadolinium followed by continuous infusion to achieve blood:myocardial contrast equilibrium
- a blood test to measure blood contrast volume of distribution (1-hematocrit)
- T1 measurement before and after contrast equilibrium to calculate changes in tissue signal



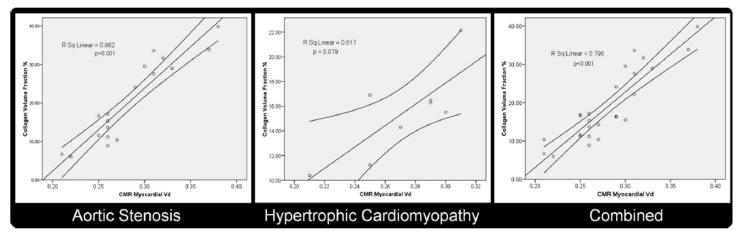
Precise estimation of myocardial contrast volume of distribution

Flett as et al. Circulation. 2010 Jul 13;122(2):138-44.

Equilibrium-Contrast CMR



Histology in 3 biopsies from aortic stenosis patients. This demonstrates the range of fibrosis in aortic stenosis. Red is collagen (fibrosis), and the yellow counter stain is myocytes.



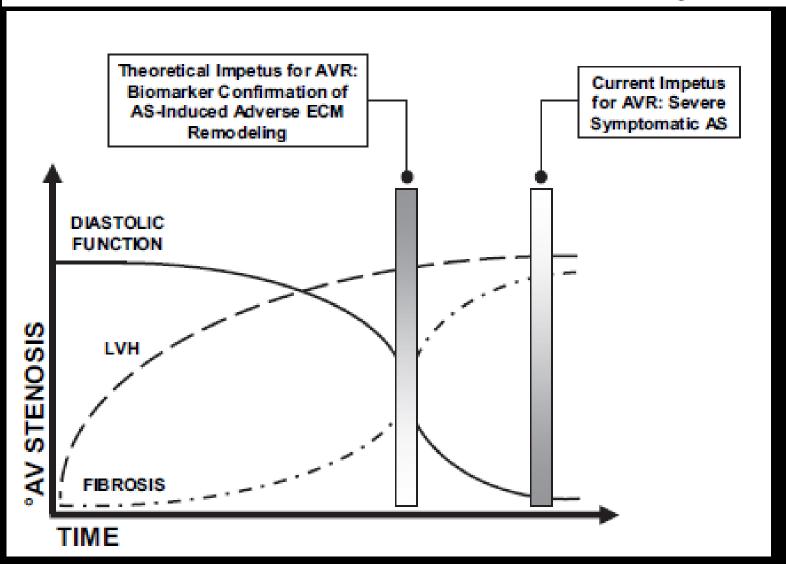
MRI-measured myocardial volume of distribution against histological CVF. Vd(m) correlates with CVF in aortic stenosis (left, n18), hypertrophic cardiomyopathy (middle, n8), and the combined population (right, n26).

Flett as et al. Circulation. 2010 Jul 13;122(2):138-44.

Diffuse fibrosis could be not detected with standard LGE sequences. The contrast of the images relies on the signal difference between normal and fibrotic myocardium. In case of diffuse fibrosis this difference can be very tiny because of the widespread process of fibrosis and would result in images with homogeneous grey areas.

Myocardial remodeling with aortic stenosis and after aortic valve replacement: Mechanisms and future prognostic implications

William M. Yarbrough, MD, a Rupak Mukherjee, PhD, John S. Ikonomidis, MD, PhD, Michael R. Zile, MD, b,c and Francis G. Spinale, MD, PhD, J Thorac Cardiovasc Surg 2012;143:656-64



...other consequences of severe LVH with reduced cavity volumes

Paradoxical Low-Flow, Low-Gradient Severe Aortic Stenosis Despite Preserved Ejection Fraction Is Associated With Higher Afterload and Reduced Survival

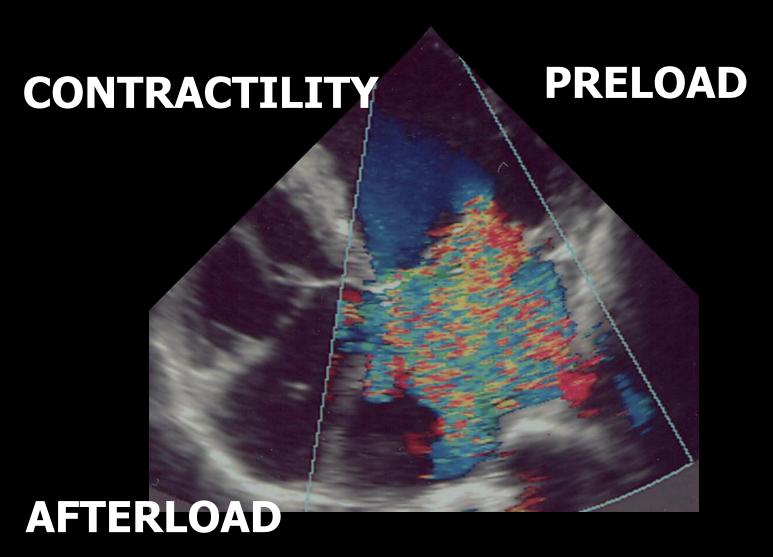
Zeineb Hachicha, MD; Jean G. Dumesnil, MD; Peter Bogaty, MD; Philippe Pibarot, DVM, PhD (*Circulation*. 2007;115:2856-2864.)

- •indexed AVA < < 0.6 cm2/m2,
- EF >50%,
- SVi < 35 mL/m2
- a higher level of global LV haemodynamic load reflected by higher valvulo-arterial impedance (Zva);
- smaller and relatively thicker ventricles;
- lower values for LV mid-wall radius shortening

Cardiac Remodeling in VHD

Critical points, Paradigm shifts, New perspectives

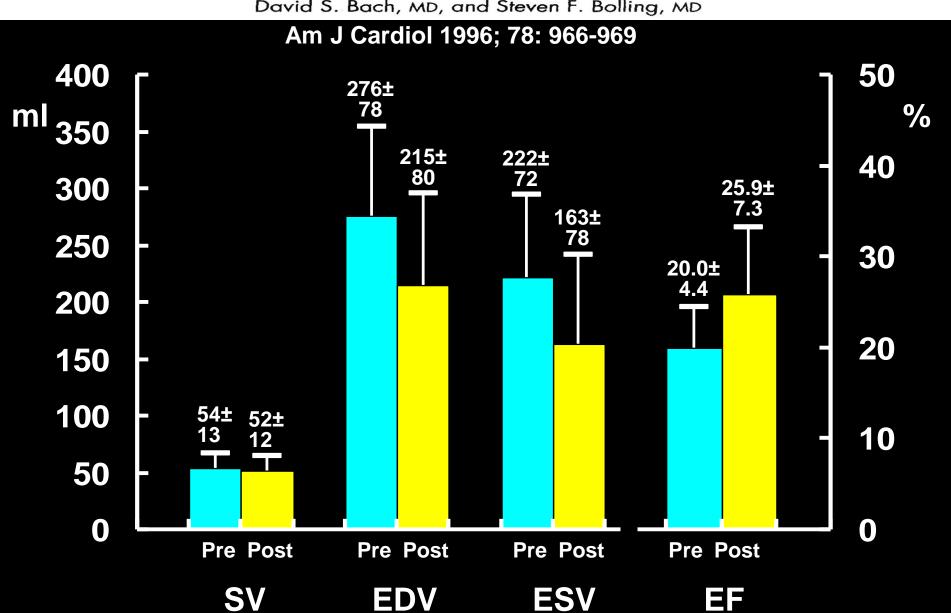
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LV systolic wall stress arterial & LA impedence (hydraulic load)

Improvement Following Correction of Secondary Mitral Regurgitation in End-Stage Cardiomyopathy With **Mitral Annuloplasty**

David S. Bach, MD, and Steven F. Bolling, MD

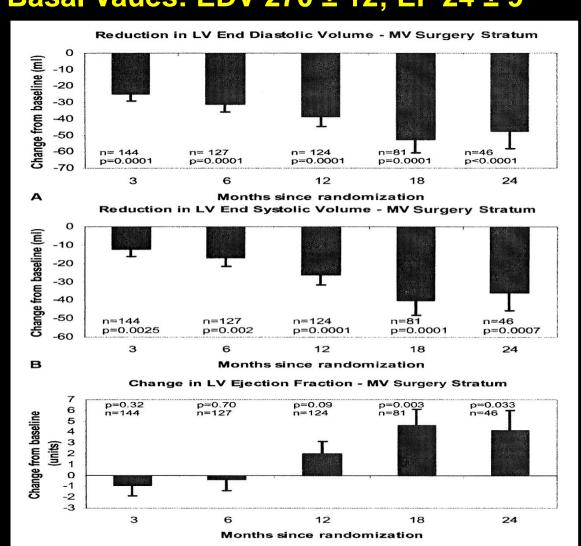


Mitral valve surgery in heart failure: Insights from the Acorn Clinical Trial

Michael A. Acker, MD,^a Steven Bolling, MD,^b Richard Shemin, MD,^c James Kirklin, MD,^d Jae K. Oh, MD,^e Douglas L. Mann, MD,^f Mariell Jessup, MD,^g Hani N. Sabbah, PhD,^h Randall C. Starling, MD,ⁱ and Spencer H. Kubo, MD,^j for the Acorn Trial Principal Investigators and Study Coordinators

J Thorac Cardiovasc Surg 2006; 132: 569-577

Basal Vaues: EDV 270 ± 12; EF 24 ± 9



Acute and 12-Month Results With Catheter-Based Mitral Valve Leaflet Repair

The EVEREST II (Endovascular Valve Edge-to-Edge Repair) High Risk Study

Patrick L. Whitlow, MD,* Ted Feldman, MD,† Wes R. Pedersen, MD,‡ D. Scott Lim, MD,§ Robert Kipperman, MD,|| Richard Smalling, MD, PHD,¶ Tanvir Bajwa, MD,# Howard C. Herrmann, MD,** John Lasala, MD, PHD,†† James T. Maddux, MD,‡‡ Murat Tuzcu, MD,* Samir Kapadia, MD,* Alfredo Trento, MD,§§ Robert J. Siegel, MD,§§ Elyse Foster, MD,||| Donald Glower, MD,¶¶ Laura Mauri, MD,## Saibal Kar, MD,§§ on behalf of the EVEREST II Investigators

(J Am Coll Cardiol 2012;59:130-9)

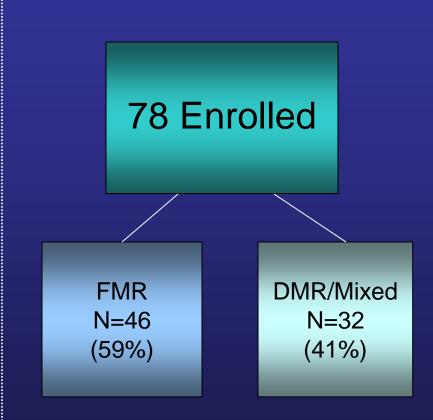
EVEREST II HRR: Study Algorithm

KEY INCLUSION CRITERIA

- Predicted procedural mortality risk
- •≥12% (STS calculated or Surgeon estimated based on pre-specified comorbidities)
- •Symptomatic 3+ or 4+ MR
- Degenerative or Functional

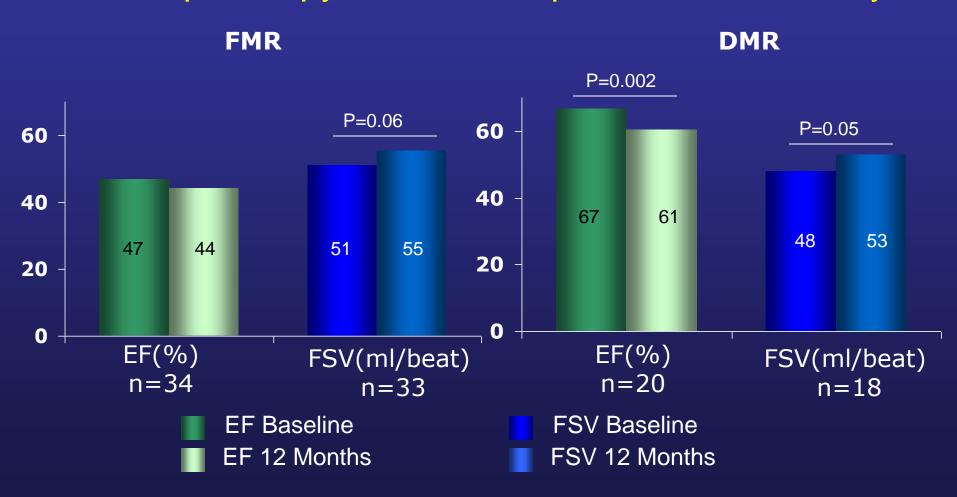
KEY EXCLUSION CRITERIA

- •EF ≤ 20% and/or LVESD >60mm
- •MVA <4cm²
- Leaflet anatomy unsuitable for MitraClip device



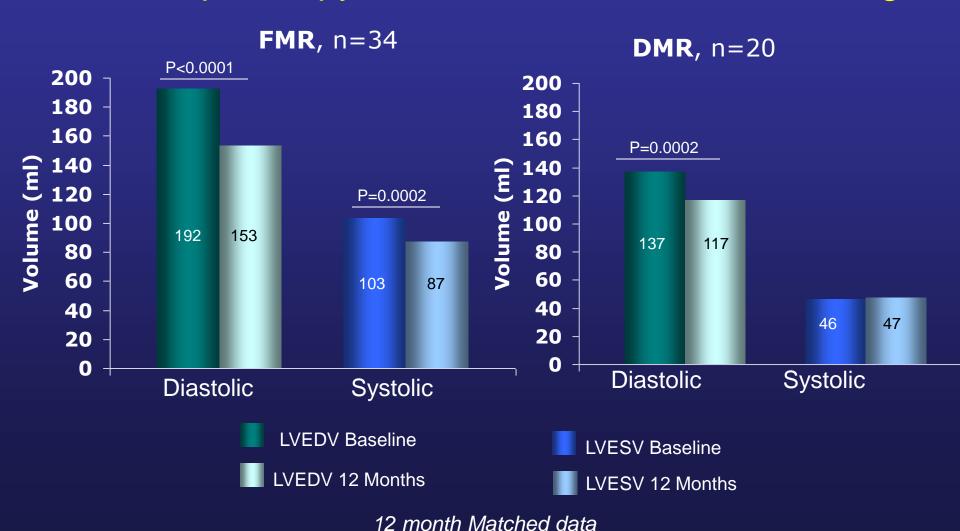
HRR: Ejection Fraction/Forward Stroke Volume

MitraClip therapy results in Improved LV Efficiency



HRR: LV Volume

MitraClip therapy results in reverse LV remodeling



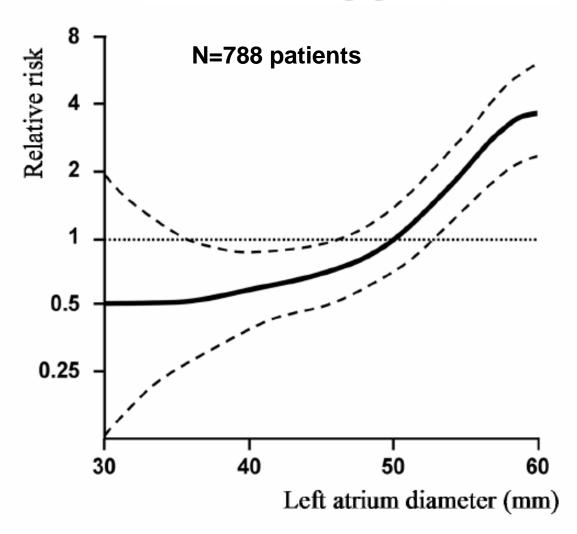
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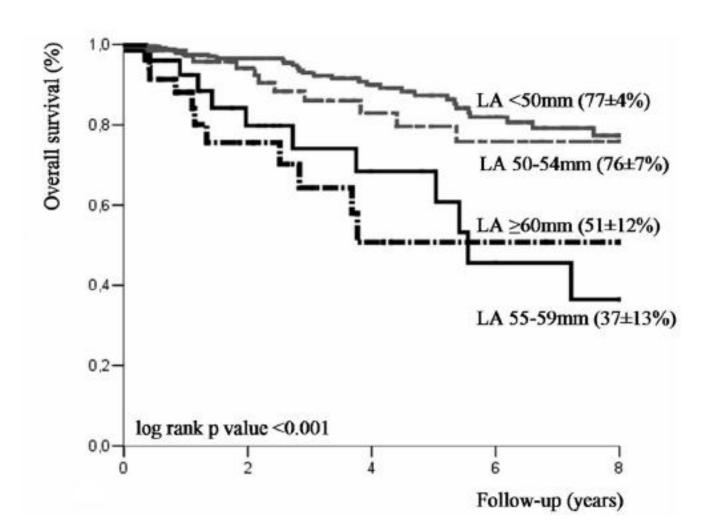
Results From a Large International Multicenter Study

Dan Rusinaru, et al on behalf of the Mitral Regurgitation International DAtabase (MIDA) Investigators (Circ Cardiovasc Imaging. 2011;4:473-481.)



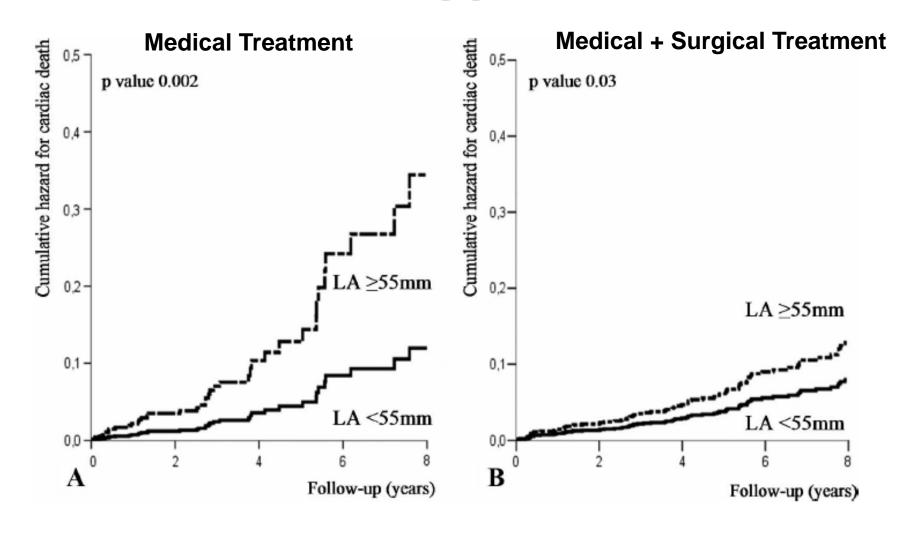
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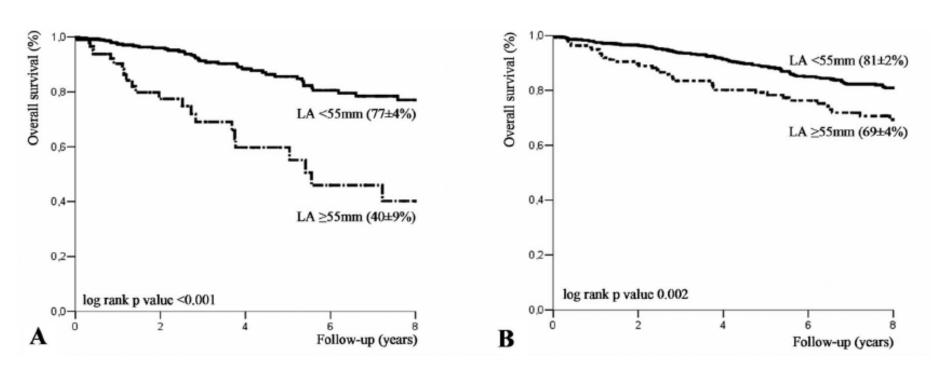
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Medical Treatment

Medical + Surgical Treatment

Cardiac Remodeling and Therapeutical Decisions in VHD

