



**Ultimate Structural Case**

# **Acute Complex Mitral Pathology**

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# Disclosures

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All faculty disclosures for this program can be found at [cvinnovations.org/cvi2025/cviaccred/](https://cvinnovations.org/cvi2025/cviaccred/).



# Case Presentation

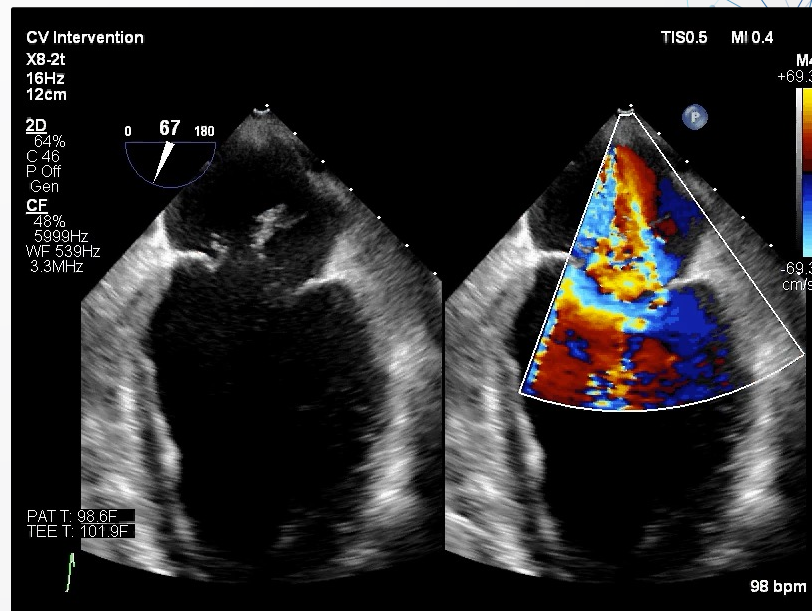
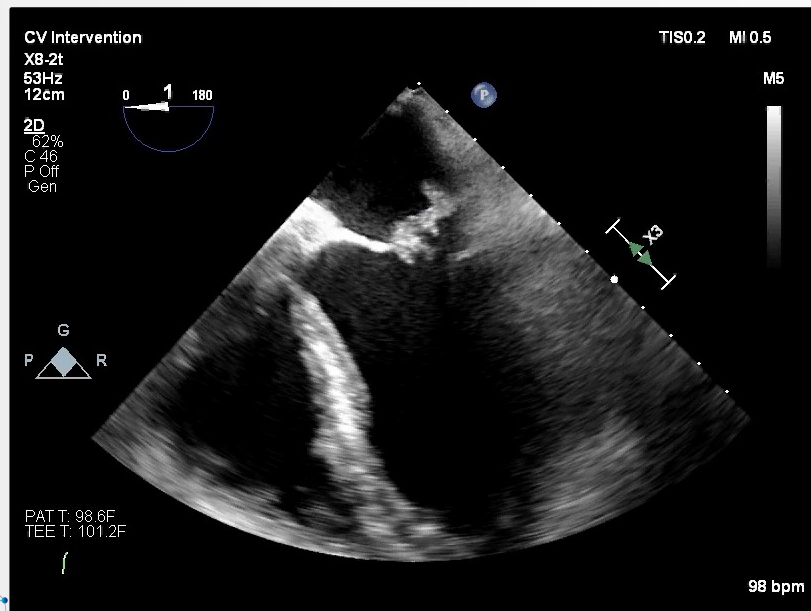
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Reason for evaluation: 58 year-old man with inferior STEMI

Pertinent CV history:

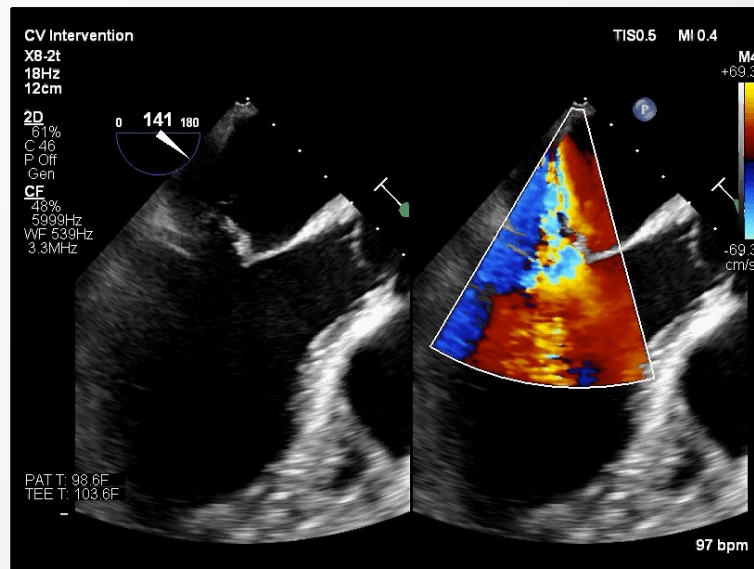
- Successful PCI with DES to RCA 6 hours ago
- Persistent hypotension, on dopamine

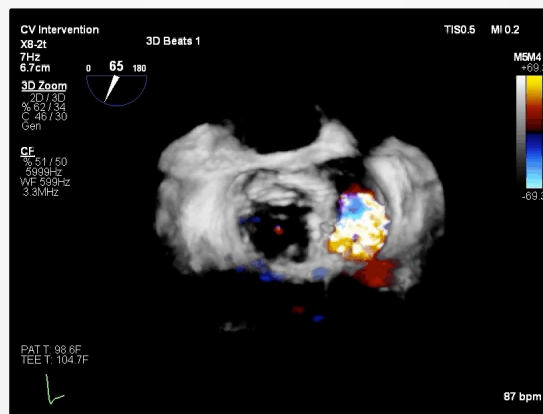
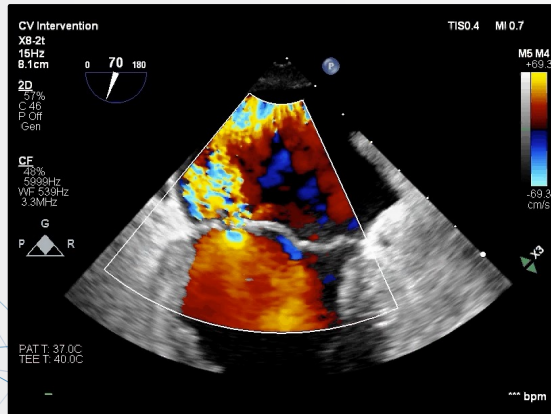
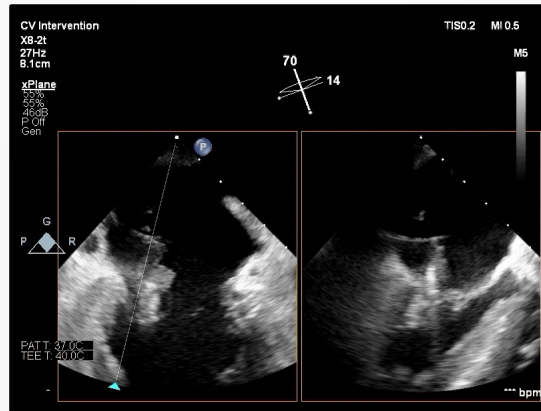
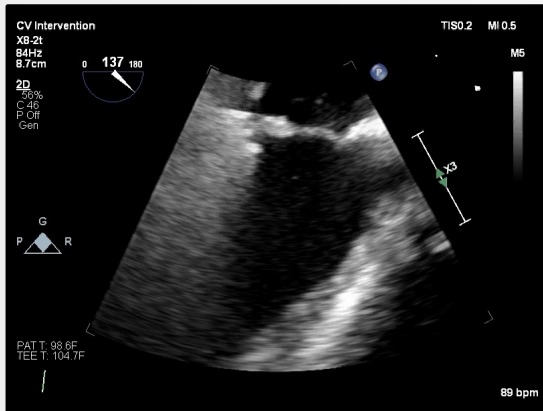
# Imaging and diagnostic studies



# The Clinical Challenge

## How to manage acute MR with papillary muscle with transcatheter therapy?



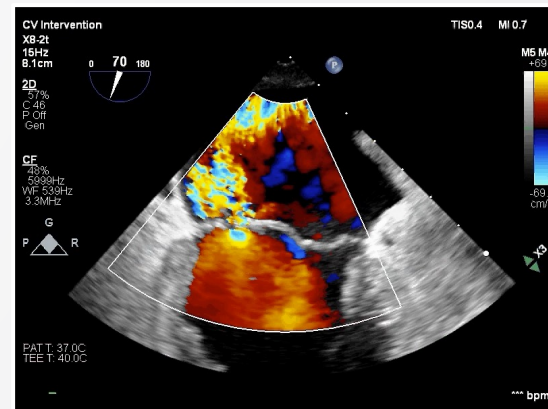
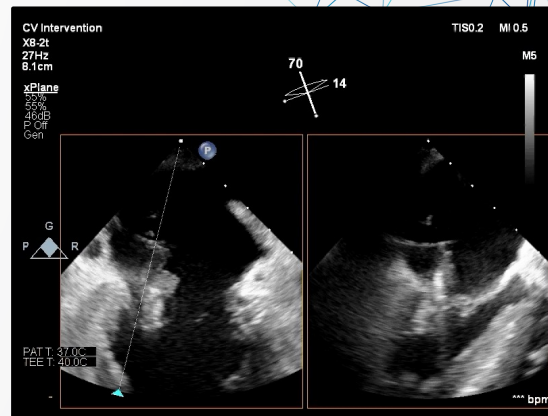
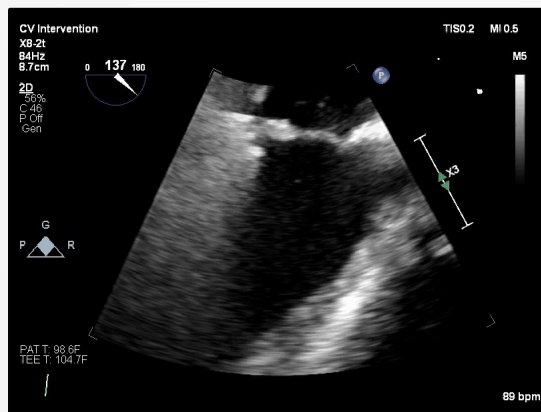
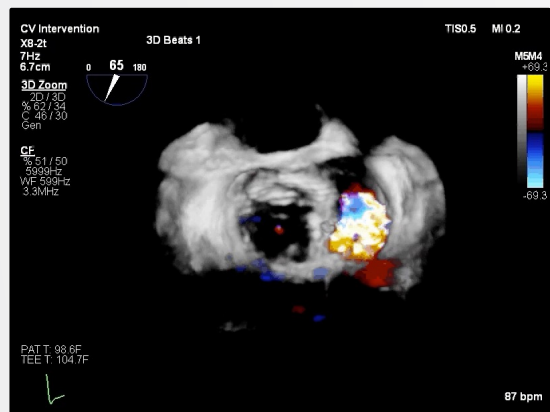


What next?



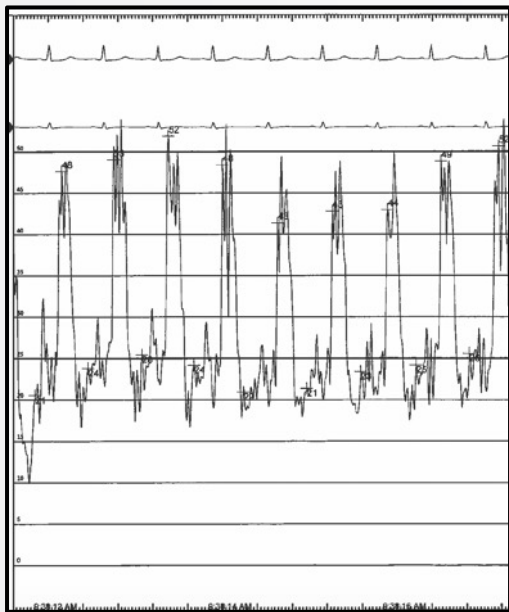
# Resolution of the Challenge

## Emergent transcatheter repair

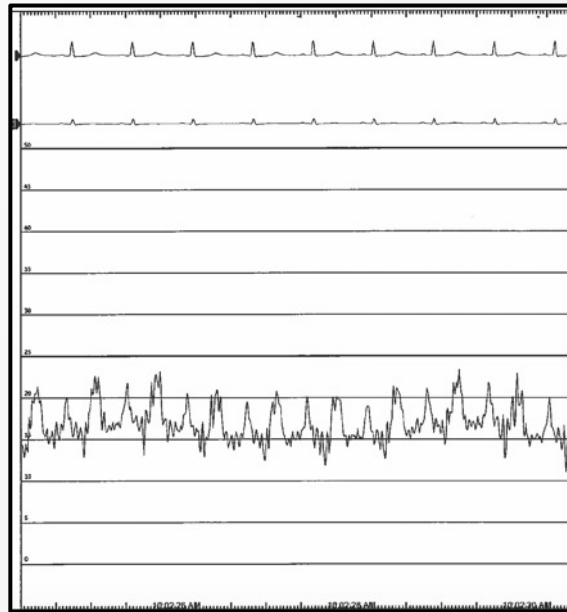


What next?

# Left Atrial Pressure

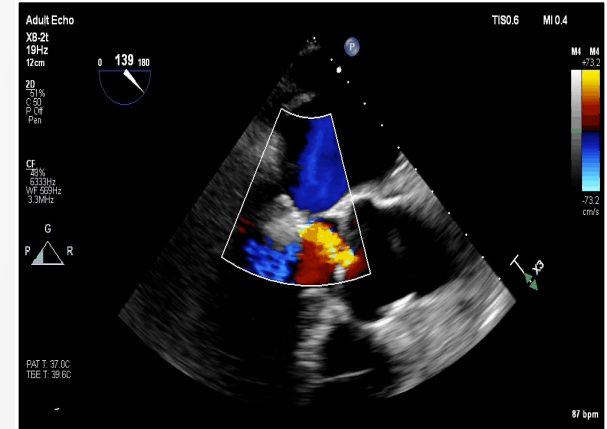
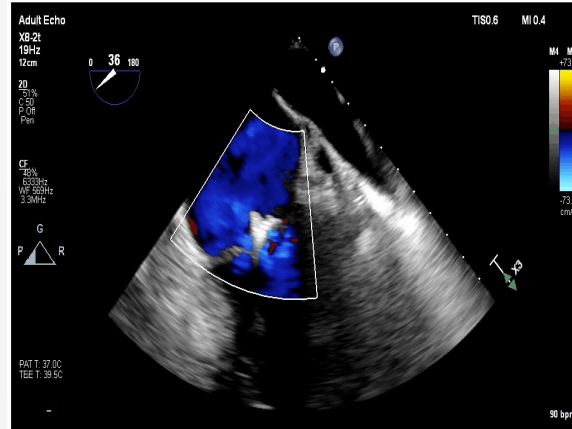


**42 mmHg**



**15 mmHg**





# Trap papilla

# Key Learnings for the Operator and Team

## Transcatheter Repair of Acute Papillary Muscle Rupture

- Excessive gap height management often needed
- Better outcome with trapping papillary muscle on LV side
- Perfection not necessary – it's usually a bridge to surgery
- Use both LAP and MR for endpoints