Press release

Mitral Insufficiency: New Catheter Treatment Successful in Treating Leaky Valve

Berlin/Düsseldorf, September 2016 – For a long time, a leaky heart valve could only be repaired or replaced in open-heart surgery. Today, valves can often be repaired using a catheter via the groin. The latest development is a valve replacement in a variant of the keyhole surgical procedure that was presented by an expert at a press conference for the MEDICA EDUCATION CONFERENCE on September 13 in Berlin.

The mitral valve connects the left atrium and the left ventricle of the heart. This “inlet valve” is closed with every heart beat so that the blood can be pumped with high pressure into the main artery, the aorta. Any leakage of the valve, referred to as mitral insufficiency, reduces the pumping capacity of the heart muscle. “The result is increasing breathlessness when there is exertion and noticeable physical weakness,” explains Professor Hendrik Treede. “The quality of life of the people affected is significantly restricted,” adds the director of the Clinic and Polyclinic for Cardiac Surgery at the University Hospital Halle.

Heart failure occurs in the advanced stages of mitral insufficiency. Professor Treede explains: “It is often then too late to reconstitute or replace the heart valve in open-heart surgery. The operation would be too risky for the patient.” Recently, however, it has become possible to repair the mitral valve via catheter intervention. Doctors reduce the size of the opening of the mitral valve with a clip to reduce the backflow of blood. “Mitral valve clipping is a widespread and established method in Germany,” says Professor Treede. Nevertheless, leakage of the valve is seldom entirely repaired and development of cardiac insufficiency cannot always be prevented in the long run. In addition, the expert points to a comparative surgical study in which a relapse of mitral valve insufficiency occurs significantly more often within the first two years after mitral valve reconstitution than after replacement of the mitral valve.
According to Professor Treede, these findings stimulated the development of a new catheter treatment. In this procedure, doctors place an artificial heart valve over top of the defective natural valve. This form of valve replacement has been used in the case of a narrowing of the aortic valve for some years now. The aortic valve is located between ventricle and main artery. “It is smaller and can be accessed more successfully via a heart catheter,” explains Professor Treede. For a mitral valve replacement, doctors must choose a different route; this is achieved by the opening of the heart apex. “The catheter is introduced into the heart via a transapical route and then the new valve is placed within the old valve,” explains the expert. “The risks of the transapical procedure are low. Only a small incision in the chest is required.” The intervention is carried out under anesthetic with the heart beating.

Transapical mitral valve replacement was first performed in 2009 in Vancouver, Canada. Since then, more than one hundred patients have been treated around the globe, including at least four in Germany. “Our experiences to date have been good,” says Professor Treede. In contrast to mitral valve clipping, it is usually possible to prevent backflow of blood. The expert expects the number of individuals treated to increase over the next few years: “We may be at the beginning of a huge wave of implantations.” Because the reason: the demand is huge. After aortic stenosis, mitral valve insufficiency is the second most common heart valve defect in Europe. In Germany, approximately 800,000 to 1 million people suffer from a mitral valve insufficiency requiring therapy. The incidence increases with age and at the age of 75, ten percent of all people suffer from a leaky valve.

At the MEDICA EDUCATION CONFERENCE on November in Düsseldorf, experts will report on new experiences with transapical mitral valve replacement. In addition, they will update the status of the latest technical developments in valve replacement: according to Professor Treede, at least seven companies have developed interventional mitral valves.

About the MEDICA EDUCATION CONFERENCE
The MEDICA EDUCATION CONFERENCE is an interdisciplinary advanced training course of the German Association for Internal Medicine (DGIM) and the Messe Düsseldorf according to the motto “Science Meets Medical Technology” which takes place from November 14 to 17, 2016 in Düsseldorf. It takes place concurrently with the world trade fair for medical technology MEDICA on Monday and Tuesday between 9:00
am and 3:30 pm. Due to the clear scheduling structure, visitors have flexibility in choosing between the different topics and sessions. Three events (sessions) and various courses on a focus topic are offered in parallel each day. A CME certification has already been requested for the sessions; the courses are partially internationally certified. Following the conference at 3:30 pm, the participants have the opportunity to visit the MEDICA trade fair until 6:30 pm. The world’s largest trade fair offers the perfect addition to the conference with its innovative technological worlds. For further information on the conference program see www.medica.de/mec1.

Contact for inquiries:
Press office DGIM/MEDICA EDUCATION CONFERENCE
Anne-Katrin Döbler/Stephanie Priester
PO BOX 30 1 20
70451 Stuttgart
Phone: 0711 8931-605
Fax: 0711 8931-167
Email: priester@medizinkommunikation.org

Messe Düsseldorf GmbH
Press office MEDICA 2016
Martin-Ulf Koch/ Larissa Browa
Phone: +49(0)211-4560-444/ -549
FAX: +49(0)211-4560-8548
Email: KochM@messe-duesseldorf.de