

Open issues and next challenges in transcatheter mitral valve intervention

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STATEMENTS

1. The natural history of severe MR is unfavourable, leading to worsening LV failure, pulmonary hypertension, atrial fibrillation, and death. (this dissertation, chapter 1)
2. I wish I can deliver surgical standard valve therapies through catheters. (F. Maisano, 2016)
3. Most transcatheter therapies for the mitral valve have been developed on the grounds of an established surgical procedure. Over the last years, multiple repair and replacement technologies and diversified approaches have been developed and are today under clinical study or in preclinical development. (this dissertation, chapter 1)
4. Careful analysis of the clinical outcomes of patients treated with the different devices is fundamental to assess the ideal candidate for each procedure. (this dissertation, chapter 8)
5. Transcatheter mitral repair should remain the first line therapy over replacement whenever feasible and should be mainly performed in high-experienced centres. (this dissertation, chapter 6)
6. MitraClip is progressively becoming the first line therapy for functional mitral regurgitation. In order to obtain a prognostic benefit, MitraClip treatment should not be performed too late. (this dissertation, valorisation)
7. The concept introduced by the edge-to-edge repair can open the perspective of percutaneous mitral repair. (F. Maisano, O. Alfieri, 1998)
8. Memento audere semper (G. D'Annunzio)
9. Ἐτσι, δεν γνωρίζω (Socrates)
10. Modern cardiovascular medicine should adapt therapies to the patients and not patients to the therapies: in this vision, only cross-trained hybrid operators with unbiased vision can deliver a really patient-tailored treatment.

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26th October, 2017