

MTEER in Africa: a lost opportunity

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Since Dr. Alfeiri introduced the surgical mitral valve edge-to-edge repair in 1991, the management of mitral valve regurgitation (MR) has developed significantly. The minimally invasive mitral valve transcatheter edge-to-edge repair (MTEER) evolved over the past two decades and it was incorporated into the guidelines. While surgical mitral valve repair is still the standard of care in acute MR, chronic primary MR, and chronic secondary MR, MTEER is considered in prohibited surgical risk acute MR and most chronic secondary MR cases if the valve is anatomically favored.¹ The COAPT trial showed survival, hospitalization, and quality of life benefits of MTEER in secondary MR.² Hence, MTEER has been incorporated into the standard of care in moderate-to-severe and severe MR worldwide.

In Africa, the data are limited about the prevalence of MR, where it commonly occurs as a consequence to rheumatic heart disease (RHD); i.e. 73% of RHD cases have MR.³ Moreover, the data are also scarce about the prevalence of heart failure in Africa. Hospital-based data from six African countries estimated heart failure prevalence of approximately 30%, without reporting data on MR prevalence.⁴ Thus, we conducted a systematic literature search using PubMed, Embase, Scopus databases, as well as searching the gray literature. Only one case-series of five patients from Egypt was found that reported the first MTEER experience in Egypt.⁵ Two patients had secondary MR and three patients had either primary or combined primary and secondary MR with a mean logistic euro-SCORE of 21±5 percent. It was unclear whether any of the patients had an underlying RHD. Acute procedural success was 100% with ≥2 grades and without procedural mortality. At 30-day follow-up, none of the patients had major adverse events or experienced clip detachment or embolization.

Despite its proven efficacy and safety, MTEER is faced with many challenges such as the high cost in resource-limited countries. At present, the extent of performing MTEER is unknown. Moreover, the paucity of published data underscores the urgent need that the African interventionalists and researchers should be encouraged to publish their experiences with MTEER and to establish national and collaborative regional registries in order to bridge the existing knowledge gap. Reporting the real-world data would highlight the current clinical practice and shortcomings that permit proper planning to improve health care system.

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Conflicts of interest

The authors declared that there are no conflicts of interest.

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