

There is a lack of data on effective therapies for dynamic MR. Extrapolation from treatment options for secondary MR has been made based on their individual targets on geometric determinants for dynamic MR.⁴ However, how each therapy, or a combination therapies directly impact symptoms and outcomes in this group of patients remains unclear. There are only a few reports of percutaneous repair with the MitraClip system for dynamic MR.^{5,6} Our case demonstrated its successful use in a critically ill patient with recurrent acute pulmonary oedema from dynamic MR who was at prohibitive risk for surgery and its sustained impact at 1 year.

Lastly, after MitraClip leaflet grasping for dynamic secondary MR, it is important to drive the blood pressure up to assess the severity of residual MR. As often during MitraClip procedures, patients are anaesthetised and well diuresed, resulting in a degree of MR that is not reflective of the awake and ambulatory states. If necessary, clip adjustments or additional clips may be required to address the geometric alterations from the increase in afterload.

In the appropriate clinical context, dynamic MR is an important consideration in patients with recurrent acute pulmonary oedema. Our case demonstrated the successful use of percutaneous edge-to-edge repair of the mitral valve with the MitraClip system to effectively address symptomatic dynamic MR in a critically ill patient at prohibitive surgical risk.

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