

MitraClip Procedures Case Reports accepts articles focusing on transcatheter mitral valve repair using the MitraClip system, including procedural techniques, patient selection, and management of complications. Submissions are welcome in the form of case reports, case series, video case reports, brief communications, commentaries, and editorials. The goal of the open-access, peer-reviewed **Case Reports and Case Series in Cardiology Journal** is to publish high-impact, clinically relevant reports that advance structural heart interventions.

The MitraClip procedure is a minimally invasive, transcatheter technique used to treat mitral regurgitation (MR), particularly in patients who are at high or prohibitive surgical risk. By approximating the mitral valve leaflets, the device reduces regurgitation and improves cardiac function and symptoms.

Indications for MitraClip Procedures

MitraClip is primarily indicated in patients with:

- Severe symptomatic mitral regurgitation (primary or secondary)
- High surgical risk or inoperable status
- Heart failure with reduced ejection fraction
- Persistent symptoms despite optimal medical therapy

Proper patient selection is essential for achieving optimal outcomes.

Procedural Overview

The MitraClip procedure is performed via a transseptal approach through the femoral vein under echocardiographic and fluoroscopic guidance.

Key procedural steps include:

- Transseptal puncture
- Navigation of the delivery system into the left atrium
- Positioning and deployment of the clip across the mitral valve leaflets
- Assessment of residual mitral regurgitation

Advanced imaging, particularly transesophageal echocardiography (TEE), plays a crucial role throughout the procedure.

Clinical Applications and Case Reports

This section encourages submission of case reports demonstrating:

- Complex mitral regurgitation cases treated with MitraClip
- Use in high-risk or elderly patients
- Challenging anatomies and procedural adaptations
- Multi-clip strategies and device optimization
- Combination with other structural heart interventions

Reports highlighting procedural success, technical challenges, and long-term outcomes are highly valuable.

Complications of MitraClip Procedures

Although generally safe, potential complications include:

- Residual or recurrent mitral regurgitation
- Clip detachment (single leaflet device attachment)
- Vascular access complications
- Cardiac perforation or tamponade
- Stroke or thromboembolic events

Early recognition and management are critical for favorable outcomes.

Clinical Presentation and Outcomes

Patients undergoing MitraClip procedures often present with:

- Dyspnea and heart failure symptoms
- Fatigue and reduced exercise tolerance
- Signs of volume overload

Successful intervention typically results in symptomatic improvement, reduced hospitalizations, and better quality of life.

Management and Follow-Up

Post-procedural management includes:

- Optimization of heart failure therapy
- Antiplatelet or anticoagulation therapy as indicated
- Regular echocardiographic follow-up
- Monitoring for recurrence of mitral regurgitation

Role of Case Reports

This section welcomes case reports that highlight:

- Innovative procedural techniques
- Imaging-guided interventions
- Complication management and troubleshooting
- Comparative outcomes with surgical approaches
- Long-term follow-up and patient outcomes

These reports contribute to advancing minimally invasive mitral valve therapies.

Manuscript Submission

Authors are requested to submit their manuscript by using Online Manuscript Submission

Portal: <https://www.casereportsincardiology.org/submit.html> (or) also invited to submit through the Journal

E-mail Id: editor@casereportsincardiology.org.