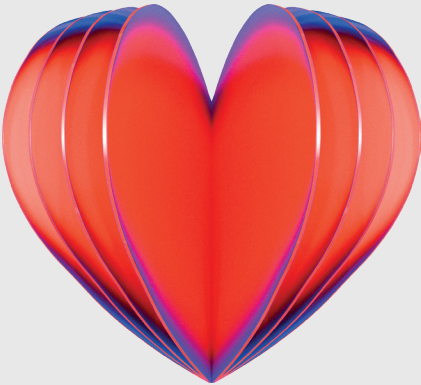


Transcatheter Treatment of Mitral and Tricuspid Regurgitation:

Updates and insights from the 2025 ESC/EACTS Valvular Heart Disease Guidelines¹



	2021	2025	Key details
MR	Severe PMR	Ila (B) <small>REV.</small>	TEER should be considered in symptomatic patients anatomically suitable and at high surgical risk according to the Heart Team
	Severe aSMR	Ilb (B) <small>NEW</small>	TEER may be considered in symptomatic patients not eligible for surgery after optimization of medical therapy including rhythm control, when appropriate
	Severe vSMR and concomitant CAD	Ilb (C) <small>NEW</small>	PCI followed by TEER after re-evaluation of MR may be considered in symptomatic patients with chronic severe vSMR and non-complex CAD
	Severe vSMR without concomitant CAD	I (A) <small>REV.</small>	TEER is recommended to reduce HF hospitalisation and improve QoL in haemodynamically stable, symptomatic patients with impaired LVEF (<50%) and persistent severe vSMR, despite optimized GDMT and CRT (if indicated), fulfilling specific clinical and echocardiographic criteria ^a
	Severe rheumatic and degenerative mitral stenosis	Ilb (C) <small>NEW</small>	TMVI may be considered in symptomatic patients with extensive MAC and severe MV dysfunction at experienced Heart Valve Centers with expertise in complex MV surgery and transcatheter interventions
TR	Identification and awareness of TR	I (C) <small>NEW</small>	Careful evaluation of TR aetiology, stage of the disease, patient operative risk, and likelihood of recovery by a multidisciplinary Heart Team is recommended in patients with severe TR prior to intervention
	Severe TR without left-sided VHD requiring surgery	Ila (A) <small>REV.</small>	TTVI should be considered to improve QoL and RV remodeling in high- risk patients with symptomatic severe TR despite optimal medical therapy in the absence of severe RV dysfunction or pre-capillary PH

MR: mitral regurgitation; TR: tricuspid regurgitation; PMR: primary mitral regurgitation; aSMR: atrial secondary mitral regurgitation; vSMR: ventricular secondary mitral regurgitation; CAD: coronary artery disease; VHD: valvular heart disease; TEER: transcatheter edge-to-edge repair; PCI: percutaneous coronary intervention; HF: heart failure; QoL: quality of life; LVEF: left ventricular ejection fraction; GDMT: guided-directed medical therapy; CRT: Cardiac resynchronization therapy; TMVI: transcatheter mitral valve implantation; MAC: mitral annular calcification; MV: mitral valve; TTVI: tricuspid transcatheter valve intervention; RV: right ventricular; REV: revised; NA: not applicable

^asee table 7 page 44¹.

¹Praz F, Borger MA, Jonas Lanz et al. *Eur Heart J*, 2025; <https://doi.org/10.1093/eurheartj/ehaf194>

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