

3-dimensional intracardiac echocardiography in complex percutaneous transcatheter interventions for the treatment of severe structural heart disease

Addendum to Project H25-03
(§137h assessment)¹



EXTRACT

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Key statement

Research question

The aim of this investigation was to determine whether, in relation to 3-dimensional intracardiac echocardiography (3D-ICE) for complex percutaneous transcatheter interventions to treat severe structural heart disease, any further relevant studies exist in addition to the documents already considered in the §137h assessment H25-03. The assessment of the method relates, on the one hand, to patients with severe structural heart disease for whom 3D-ICE is intended to supplement or replace 3-dimensional transoesophageal echocardiography (3D-TEE) (Research Question 1), and, on the other hand, to patients with severe structural heart disease who, although requiring a 3D-TEE-guided complex percutaneous transcatheter intervention, have not yet been able to undergo such a procedure due to TEE contraindications or a significantly increased anaesthesia risk (Research Question 2). If further relevant studies existed, it was necessary to examine whether, taking these into account, neither the benefit, harmfulness, nor ineffectiveness of the examination or treatment method in question remained apparent. Furthermore, it was to be examined whether, in addition to the studies already taken into account in the §137h assessment, there are further ongoing studies that are in principle suitable for providing relevant findings in the near future regarding the benefit, harmfulness or ineffectiveness of the method.

Conclusion

Following a systematic evaluation, there is still no evidence to suggest that 3D-ICE offers any benefit, nor is there any evidence of ineffectiveness or harmfulness, in complex percutaneous transcatheter interventions for the treatment of severe structural heart disease. Apart from the studies already taken into account in the §137h assessment, no further completed or ongoing studies were found that would, in principle, be suitable for providing evidence of benefit, ineffectiveness or harmfulness in the near future.

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