

Valve Repair or Replacement in Patients with Ischemic Functional Mitral Regurgitation: Does it Affect Long Term Survival?

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Background:

Long term results of mitral valve surgery approach in the setup of chronic ischemic etiology is still debatable.

Aim:

to compare between valve repair versus replacement in pts with ischemic functional mitral regurgitation (IFMR).

Material & Methods:

A 58 consecutive pts who underwent either MV repair or replacement were retrospectively evaluated. All pts had significant (moderate or severe) IFMR and variable severity of coronary artery disease. Pts clinical, and echocardiographic data were evaluated before and after surgery . Details collected from the last 10 years valvular heart disease data base :

IFMR n=58 pts	replacement n=20 (34%)	repair n=38 (66%)	p- value
Age years (range)	64.7±8.4 (43-80)	65.3±8.0 (46-80)	0.41
Angio –pre: TVD	10 (50%)	29 (76%)	0.28
Associated CABG	14 (70%)	37(97%)	0.01
MR post: mild	0	7 (50%)	
moderate	0	4(28.6%)	
severe	0	3(21.4%)	
Significant TR: pre	9 (45%)	13 (34%)	0.34
post	3 (15%)	6 (16%)	0.46
LVEF (%): pre	37.1±8.7(20-55)	40.9±11.9 (20-65)	0.19
post	35.6±13.4 (12-60)	44.0±16.8 (16-70)	0.86
PASP (mmHg) pre	55.8±22.0(30-75)	53.9±13.5(30-75)	0.83
Post	44.0±16.8(16-70)	52.2±18.1 (24-85)	0.29
F/U: FC(NYHA) I-II	5(25%)	12(32%)	0.65
Cardiac Death	7(35%)	13 (34%)	0.95

More pts from the repair group underwent CABG, but 7/38 (18%) showed residual significant MR post surgery. Pts with initial significant TR from both group showed some improvement after surgery. Similar rate of cardiac death was noticed during F/U despite relatively better level of LVEF and FC among the repair group. Nine of the 20 deaths (45%) occurred in the same year as the operation. Median time to death was 1 year (mean 1.4 ± 2.0 years, range 0-6)

Conclusions:

Most of our pts with significant IFMR are undergoing valve repair but this surgical approach was not translated into a better cardiac survival.