Functional Mitral Regurgitation after a Non-ST Segment Elevation Acute Coronary Syndrome

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BACKGROUND: Mitral regurgitation (MR) after acute myocardial infarction (AMI) is a recognized and a frequent complication which negatively affect survival Fibrinolysis and primary angioplasty reduces post-MI MR. However, few data exist regarding MR after non-ST-segment elevation acute coronary syndrome (ACS).
AIM: TO investigate the prevalence, predictors and prognostic implications of MR in the setting of non-ST-segment elevation ACS.
METHODS: Sixty four consecutive patients, (57.4 % men, mean age 65.4± 12 years) admitted to our cardiology department for a non-ST-segment elevation ACS, were studied. Echocardiographic studies were performed within 24 hours after admission and after percutaneous coronary intervention (PCI).
RESULTS: MR grade 0-1 was detected in 42 patients (65%), grade 2 in 16(25%), and grade 3-4 in 6(9%). More severe MR was encountered in older patients, (76± 5 vs. 69.9± 10 years, p=0.029) and lower left ventricular ejection fraction (LVEF), (38± 6 % vs. 49.7± 9, p=0.039). MR severity did not change significantly after PCI.
CONCLUSIONS: 1.Advanced age and lower LVEF predicted worse MR.
2. PCI did not decrease MR severity.