

## Percutaneous Balloon Mitral Valvuloplasty: 1990 Versus 2007. Is There any Difference between the “Old” versus “Nowadays”?

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**Background:** Since its introduction in 1984, percutaneous balloon mitral valvuloplasty (PBMV) became a class I indication for treating pts with symptomatic severe MS in the presence of favorable valve anatomy

**Aim:** Comparing pts characteristics, echocardiographic findings, technical issues and immediate outcome among candidates for PBMV in a time interval of almost 2 decades.

**Material and Methods:** Clinical files, echocardiographic data (Wilkins score), equipment use, hemodynamic evaluation and immediate outcome were investigated:

**Results:** Pts clinical characteristics:

	n	Mean age (years)	Gender (F/M)	FCII-III	AF	Repeated PBMV	Preg.	Additional VHD
1990	17	35±6	17/0	6/11	2(12%)	0	2	6(35%)
2007	31	45±±12	24/7	27/4	9(36%)	2	0	14
p value		0.003	0.002	0.004	0.4%			0.05

n- number, AF- atrial fibrillation, Preg-pregnancy

Echocardiography, equipment use, and hemodynamic data:

	Wilkin's Score	Balloon System	TF	MVA b (cm <sup>2</sup> )	MVA a (cm <sup>2</sup> )	M Gr b (mmHg)	M Gr a (mmHg)	MR >2/4
1990	8±2	OTW	0	1±0.2	1.6±0.3	17±6	8±3	0
2007	9±2	Inoue	2/31	1.2±01	1.6±0.3	12±3	7±3	2/29
p-value	ns			ns	ns	ns	ns	

TF-technical failure, b/a-before/after, M Gr- mean gradient OTW- over the wire.

Optimal result;  $MVA \geq 1.5 \text{ cm}^2$  was achieved in 12/17 (71%) pts in 1990 and in 25/29 (86%) pts in 2007 (P-0.004). Urgent surgery (OMV +AVR) was needed in one pts during 2007.No death reported during two periods.

**Conclusions:** Nowadays less symptomatic older women are treated by PBMV in our institute. The higher immediate success rate in 2007 compared to 1990 most probably related to increased operator experience.