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Surgery for Ischemic Mitral Regurgitation: Should the Valve be Repaired?

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Introduction: Patients with ischemic cardiomyopathy undergoing CABG often have concomitant mitral regurgitation (MR). Repairing the valve at the time of surgery is not universally accepted. We compared results of CABG with or without mitral valve annuloplasty (MVA) in patients with reduced LV function and ischemic MR.

Methods: There were 195 patients with moderate or severe LV dysfunction and moderate or severe MR: 108 underwent isolated CABG, 87 CABG with MVA. Endpoints included survival, degree of MR, and NYHA class. Results: Patients in the repair group had more severe cardiac pathology: severe LV dysfunction in 45% vs 26% (p=0.006) and severe MR in 82% vs 14% (p<0.001). Operative mortality was 9% and similar in both groups. Mean follow-up was 66 months and available in 97%: overall, no improvement was seen in LV function, symptomatic improvement was more pronounced in the repair group (p=0.006), and residual MR was present in 23% of the repair group and 64% in the CABG only group (p<0.001). For the repair group and non-repair groups respectively, 5 and 10 year survival was 66% and 47% vs 73% and 40% (p=ns). By multivariate analysis, neither degree of MR nor LV function at follow-up had any impact on survival.

Conclusions: For patients with reduced LV function undergoing CABG, the addition of MVA does not increase operative risk. Although patients in the repair group were sicker, there was better symptomatic improvement, and they attained similar survival. We recommend performing MVA at time of CABG in patients having MR associated with reduced LV function.