**Residual Mitral Regurgitation after Septal Myectomy for HOCM Patients**

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Background: For patients with hypertrophic obstructive cardiomyopathy (HOCM) and mitral regurgitation (MR), controversy exists as to whether myectomy alone is sufficient in eliminating MR. Furthermore; the relationship between the degree of MR and the LVOT peak gradient has not been well defined. This study examined the impact of myectomy on postoperative mitral regurgitation (MR) and the association between the severity of MR and the left ventricular outflow tract (LVOT) gradient.

Methods: Since January 2005, 45 HOCM patients underwent septal myectomy due to LVOT obstruction and mitral regurgitation. 34 patients underwent Myectomy only and 11 underwent Myectomy and mitral valve surgery as well. We examined post operative residual MR in all patients and the mechanism for the residual MR.

Results: There were 0 early death and 0 late death. Out of all patients 11(24%) had more then grade 1 residual MR. The mechanisms of residual MR were: residual LVOT obstruction in 5(45%) patients, other Mitral valve pathologies in 6(55%) patients.

Conclusions: For patients with HOCM and MR not due to independent mitral valve disease, myectomy significantly reduced the degree of MR, without requirement for additional mitral valve surgery. In these patients the severity of MR was directly related to the magnitude of the LVOT gradient.