

Long-Term Echocardiographic Results of Mitral Valve Repair in Endocarditis

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Background: While a systematic review of the literature shows that repair of an infected mitral valve is associated with good clinical in-hospital and long-term results, repair durability is still disputed. We compared the long-term clinical and echocardiographic results of valve repair in endocarditis and in degenerative heart disease.

Methods: From 2004, 475 patients with degenerative mitral valve underwent repair in our Medical Center. Of them, 42 (9 %) were operated on for acute or sub-acute mitral endocarditis (group I), and were compared with 433 patients who had no history of endocarditis (group II). All patients were followed prospectively.

Results: There was 1 (2%) in-hospital death in the endocarditis group and 1 (0.2%) in the myxomatous group (p=0.17). Mean late clinical and echocardiography follow-up was 28±22 months (1-88months) and was 96% complete. Late all-cause mortality was 0% in group I versus 1% (n=6) in group II (p=1.00). Freedom from reoperation on the mitral valve was 95% (2 patients) and 99% (6 patients) in groups I and II, respectively (p=0.15). Freedom from recurrent sub-acute bacterial endocarditis (SBE) was 100% in group I. Late echocardiography revealed that 85% and 90% of patients (groups I and II, respectively) were free from moderate or severe mitral regurgitation (p=0.36). All other late valve-related complications were similar between the groups.

Conclusions: Mid to long-term clinical and echocardiographic results, among patients undergoing surgery for infective endocarditis, compare well with those of repair in the non-SBE degenerative group. Freedom from recurrent endocarditis was excellent.