

## Factors Affecting Prognosis after Surgery for Functional Ischemic Mitral Regurgitation

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### **Background:**

Coronary revascularization combining different varieties of MV surgery are recommended for most pts with functional ischemic MR (FIMR) However factors determine the long term prognosis of these pts are missing.

### **Aim:**

To evaluate predictors and parameters that affect long term survival of pts after operation for FIMR.

### **Material and Methods:**

During last 10 years 58 pts were surgically treated for IFMR. Thirty eight /58 (66%) had MV repair and 20/58 (34%) underwent MV replacement. Coronary revascularization was done in 37/38(97.4%) of the repair group but only in 14/20 (73.7%) of the replacement group (p=0.01). Pre and post operation clinical, angiographic and echocardiographic data were collected in our valvular heart disease data base. All pts were followed in time interval of 6-12 months after surgery. During mean follow up of 56± 30 months 20/58 (34%) died. Factors affecting survival are presented:

<b>Predictors</b>	<b>Death (n=20)</b>	<b>Survive(n=38)</b>	<b>p-value</b>
Mean age years (range)	68.8±5.6(60-77)	62.4±8.9 (43-80)	0.005
BSA m <sup>2</sup> (range)	1.76±0.09(1.6-1.9)	1.84±0.2(1.3-2.3)	0.05
LVEF% pre-op (range)	34±8 (20-50)	43±11 (20-65)	0.003
PASP mmHg post –op (range)	61±18 (24-85)	44±15(16-70)	0.002
Significant TR –post op	6(33%)	3/38 (7%)	0.005

BSA-body surface area, PASP-pulmonary artery systolic pressure, TR-tricuspid regurgitation Pre-surgery Coronary Anatomy, Coronary Revascularization on top of MV surgery, type of MV surgery: repair VS replacement, and post-surgery MR grade or LVEF didn't affect prognosis.

### **Conclusions:**

Old pts with relatively low pre-op LVEF suffering from post –op significant pulmonary hypertension and tricuspid regurgitation have bad prognosis after operation for IFMR .The edition of coronary revascularization or type of MV surgery do not affect prognosis.