

# THE MITRAL VALVE AND THE LEFT VENTRICLE

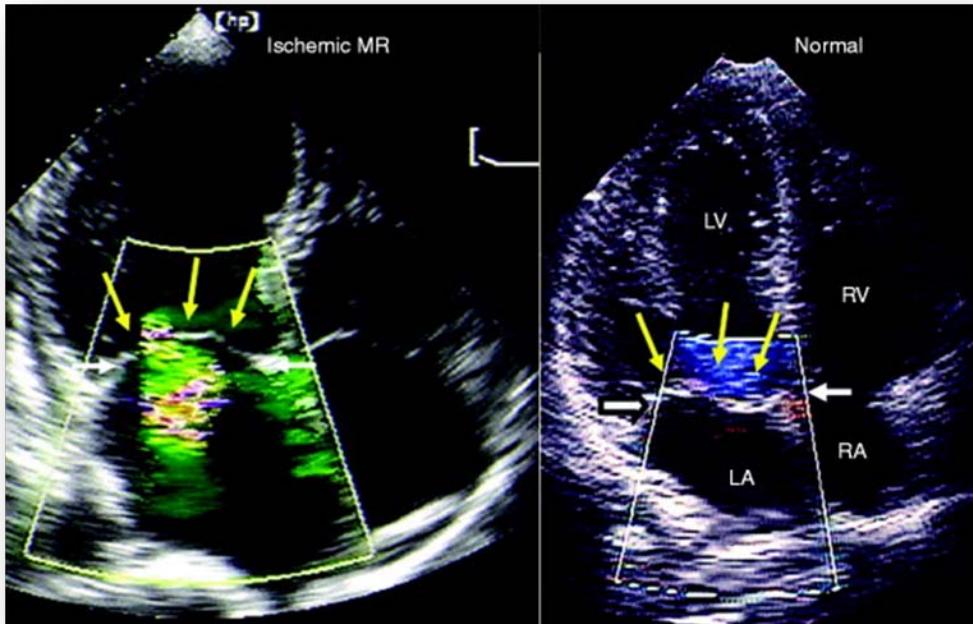
## IT TAKES TWO TO TANGO

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Hadassah-Hebrew University Medical Center

# Mechanism- Infero-Posterior MI

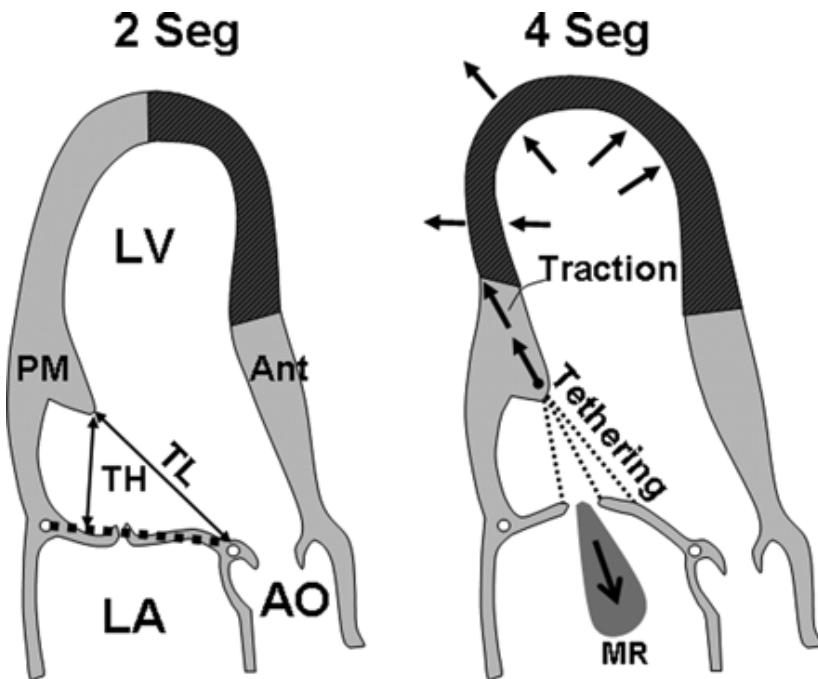


אך אפשרות להציג את התמונת, יתכן שאין במחשבדי זכרון לפתרות חתומות, או שחתונות פגומות, הפעל מחדש את המחשב ולאחר מכן פותח שוב את הקובץ, אם סמן ה-X האודם עדין מופע, יתכן שהירה עליך למחוק את החטונה ולאחר מכן לוחסף אותה שוב.

Courtesy of Dr Yutaka Otsuji

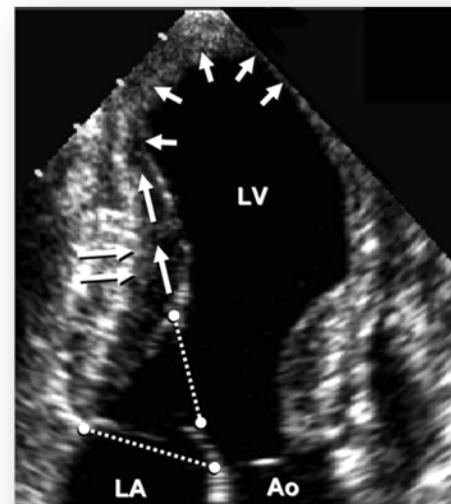
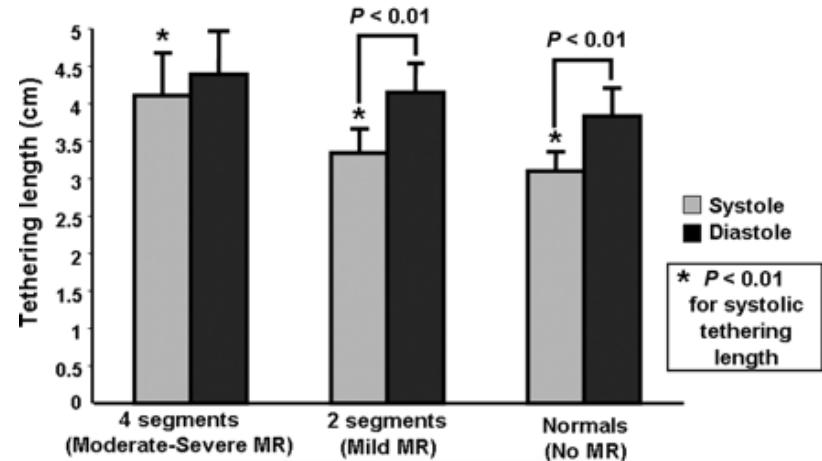
Levine, R. A. N Engl J Med 2004;351:1681-1684

# Mechanism- Apical MI



Yosefy C, et al. Circulation. 2011; 123: 1529-1536

Patient study – Tethering length change during heart cycle



# Introduction- Remodeling and MR

- Expansion of infarcted tissue after myocardial infarction begins acutely
- A more gradual remodeling process, however, also involves the non-infarcted areas
- Initially compensatory, this process subsequently becomes maladaptive, generating a larger, more spherical ventricle with decreased contractile function.
- Mitral regurgitation doubles mortality following myocardial infarction.
- Its additive effect on LV remodeling has not been addressed in a controlled fashion.

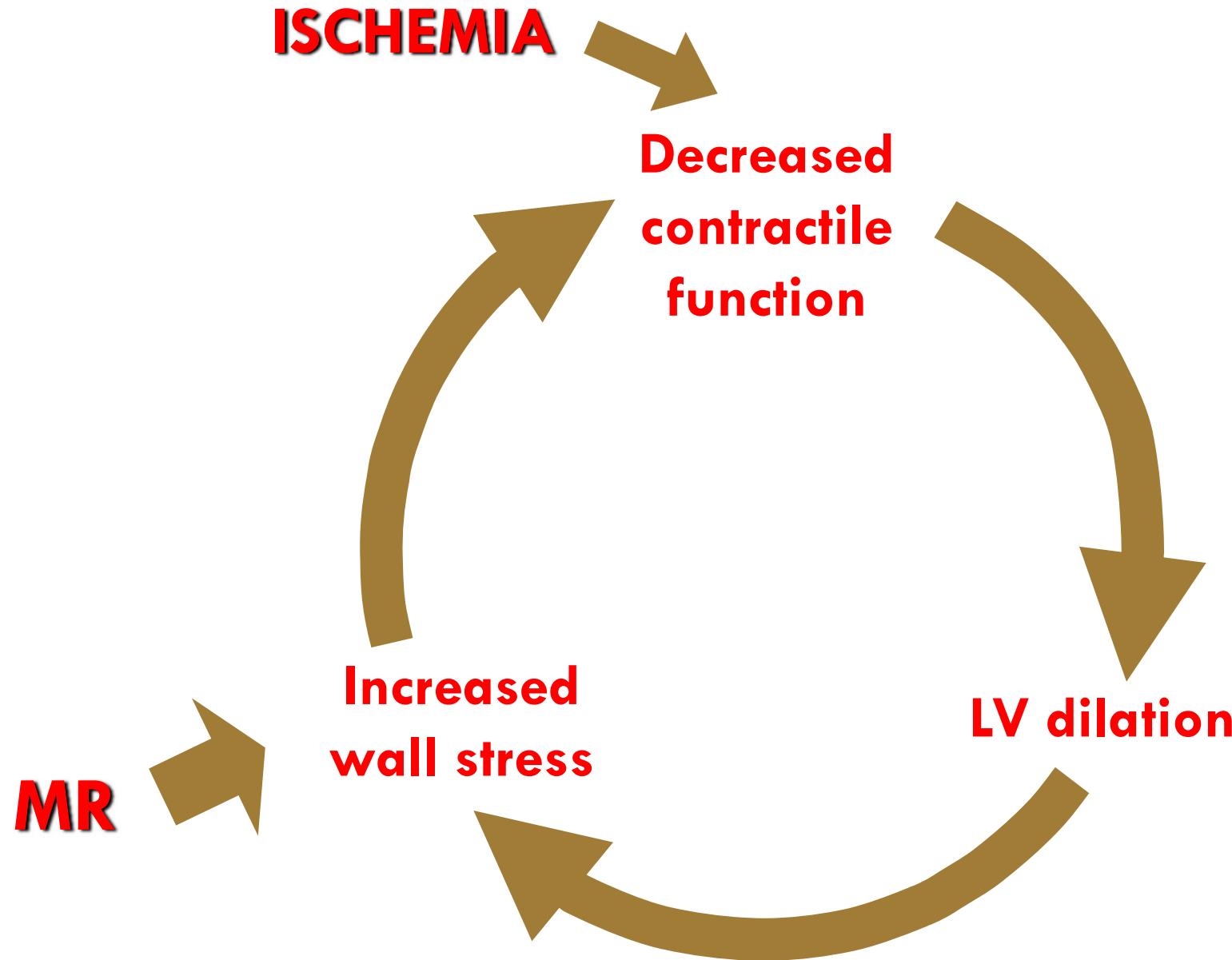
Cohn JN, Ferrari R, Sharpe N. *J Am Coll Cardiol* 2000; 35:569-82.

Gianuzzi P, et al , for the GISSI-3 echo substudy investigators. *Am Heart J* 2001;141:131-8.

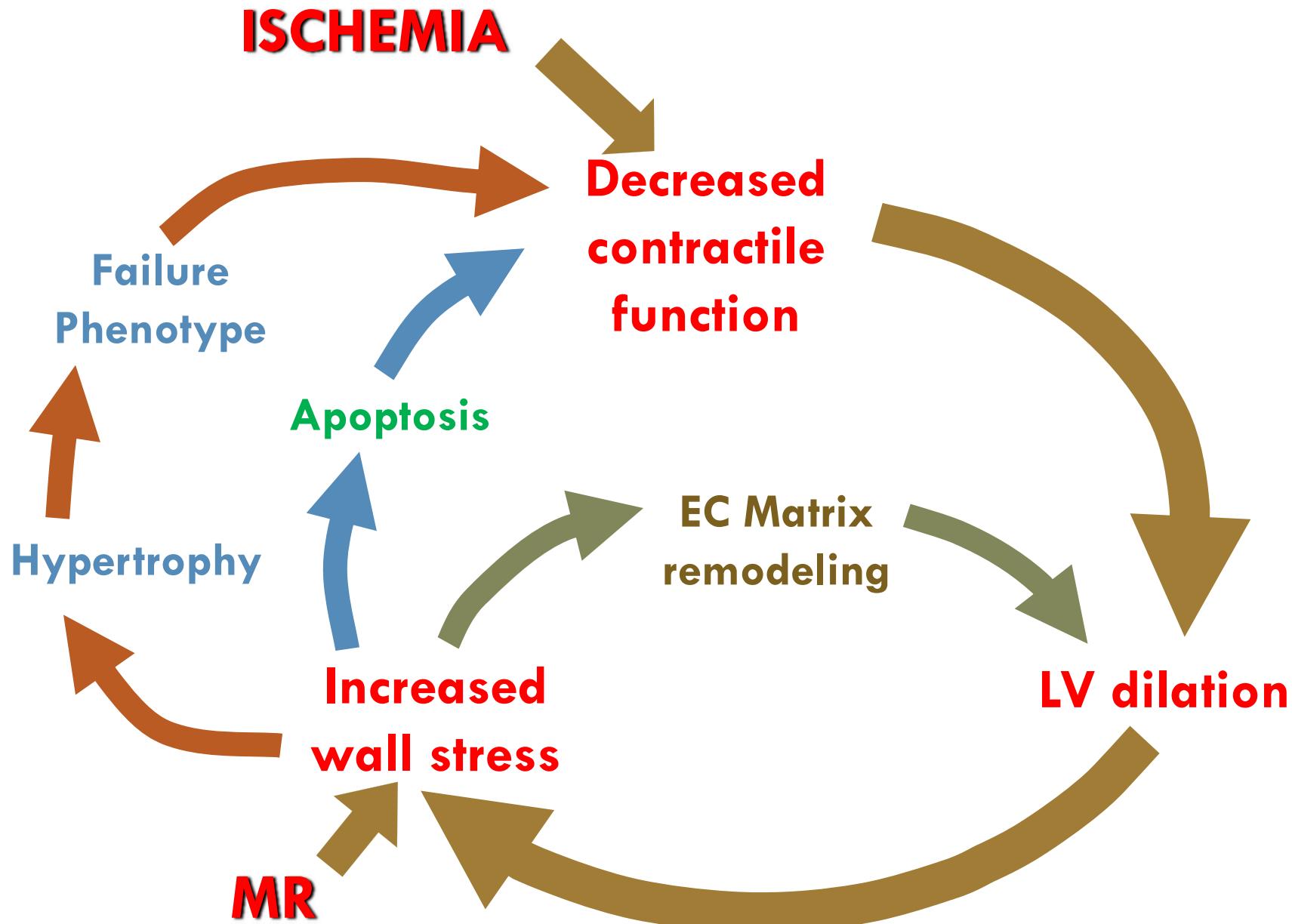
Lehmann KG, et al for the TIMI study group. *Ann Intern Med* 1992; 117:10-7.



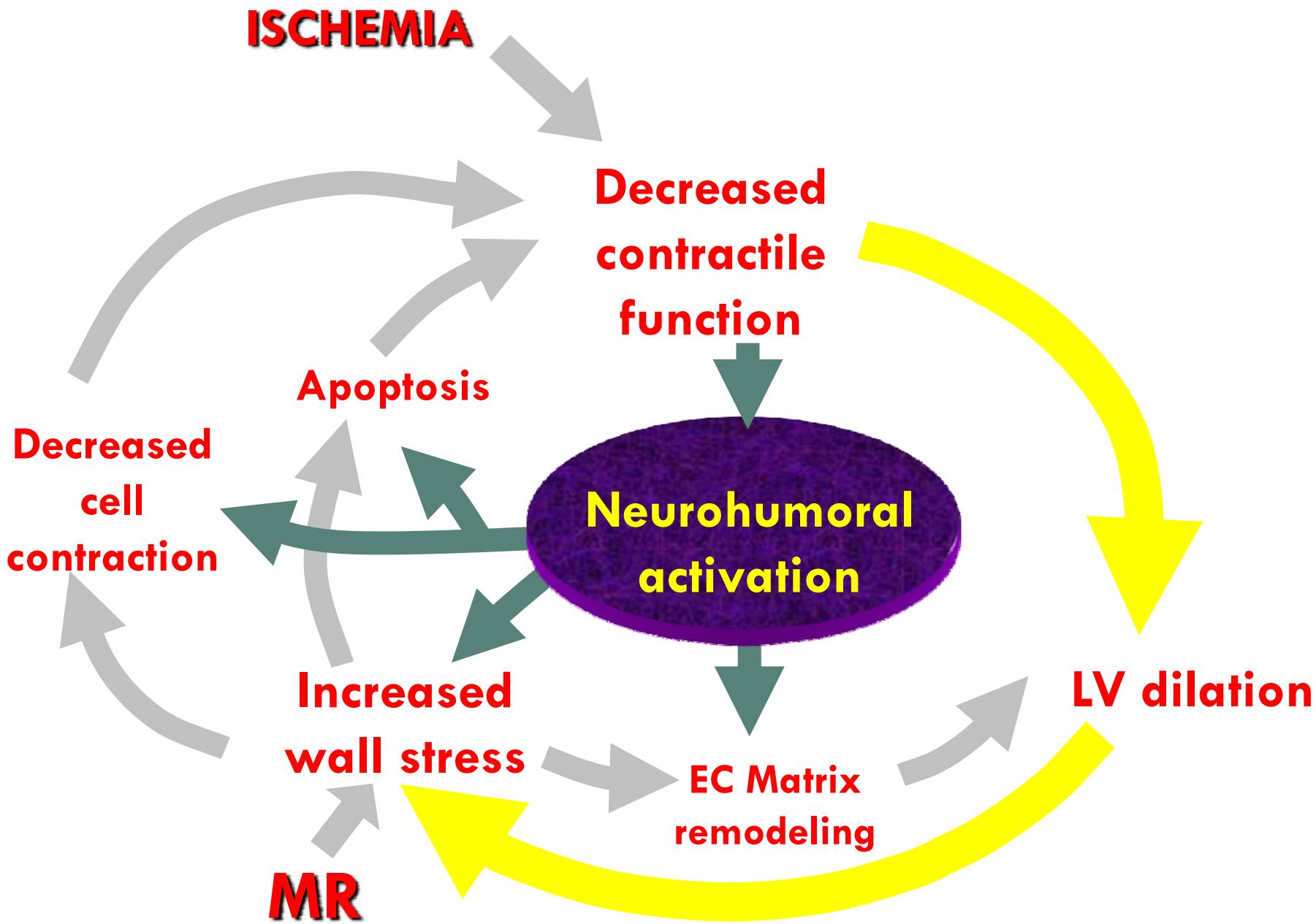
# REMODELING: A VICIOUS CYCLE



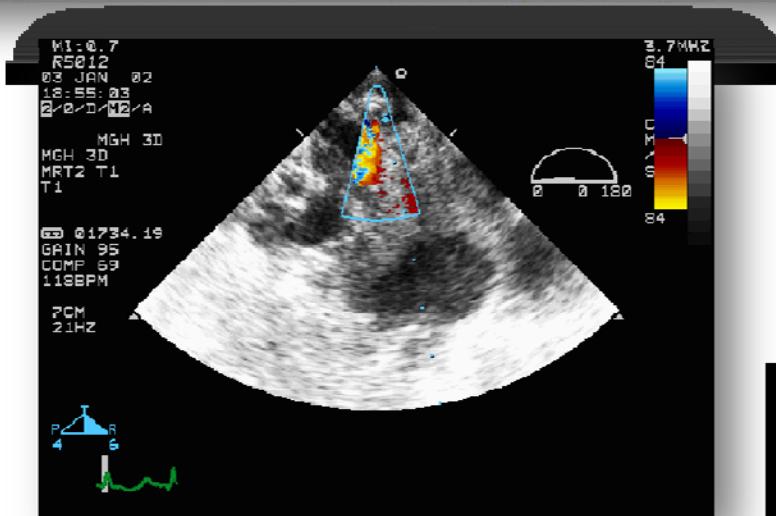
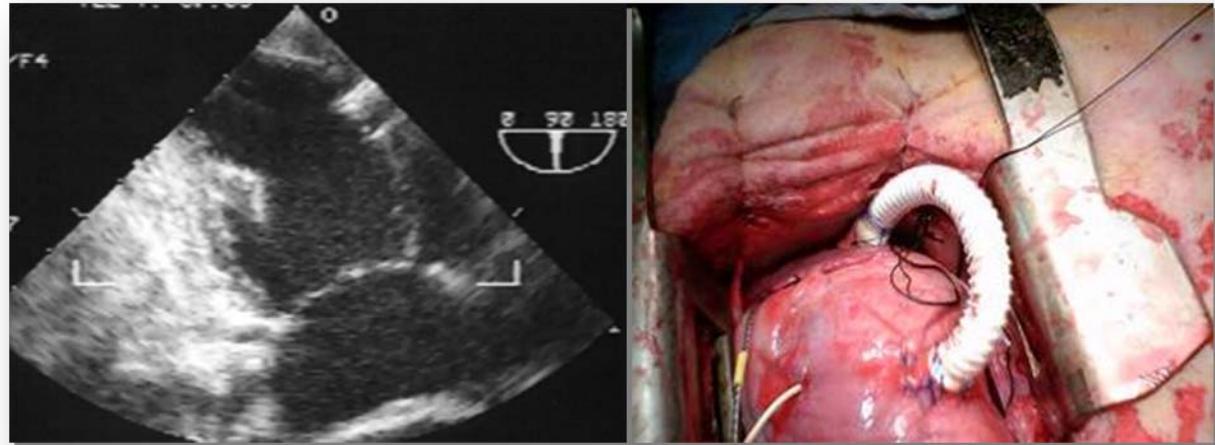
# REMODELING: FAILED COMPENSATION



# REMODELING: FAILED COMPENSATION



# Remodeling and Ischemic MR- Model



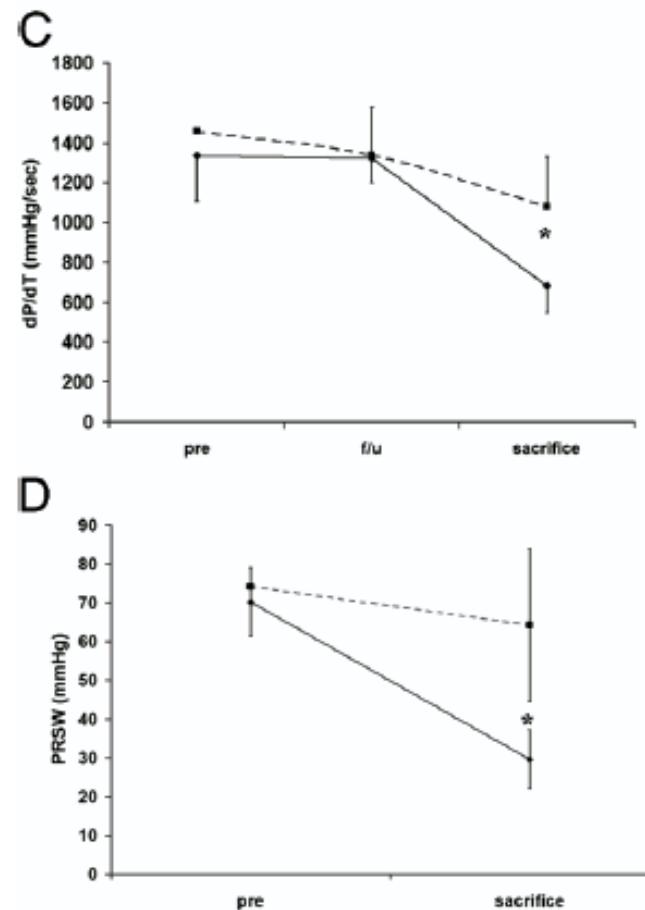
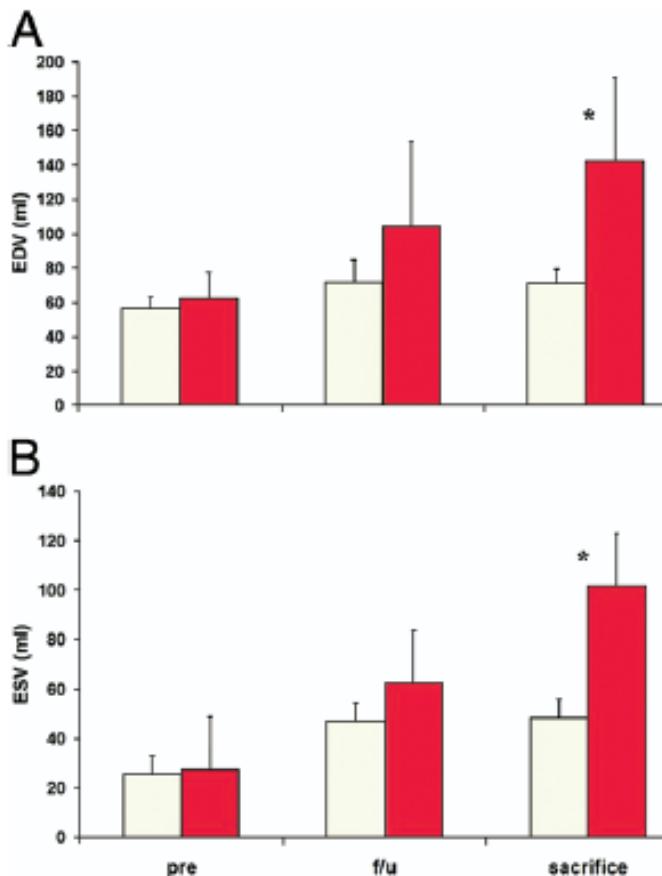
Beeri R. et al. J Am Coll Cardiol 2008;51:476–86

# Remodeling and Ischemic MR- Methods

- Standardized septo-apical MI In 18 sheep.
- Shunt implanted between the LV and LA. 6 animals with sham (closed shunt) implantation. Regurgitant fractions were ~30%.
- Compared at baseline, 1 and 3 months using 3D echo, Millar hemodynamics and biopsies.
- In 6 sheep, the shunt was closed at 1 month, **simulating MV repair.**

# Remodeling and Ischemic MR

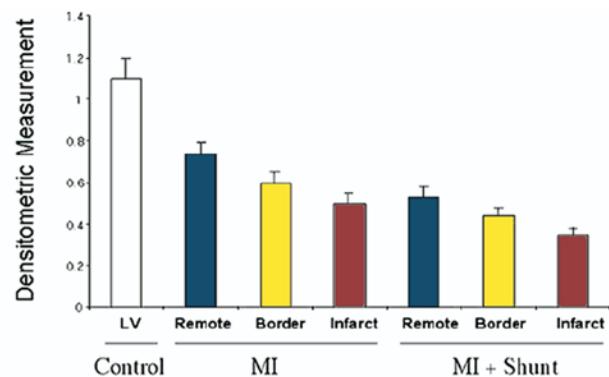
## Volumes and Function



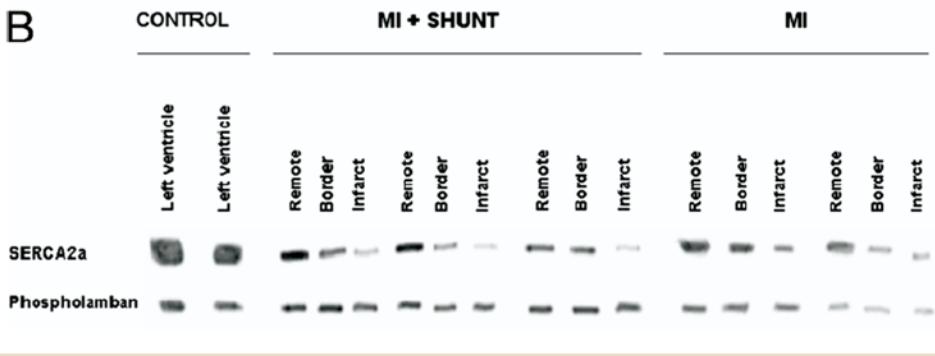
Beeri R. et al. J Am Coll Cardiol 2008;51:476–86

# Remodeling and Ischemic MR Molecular Changes

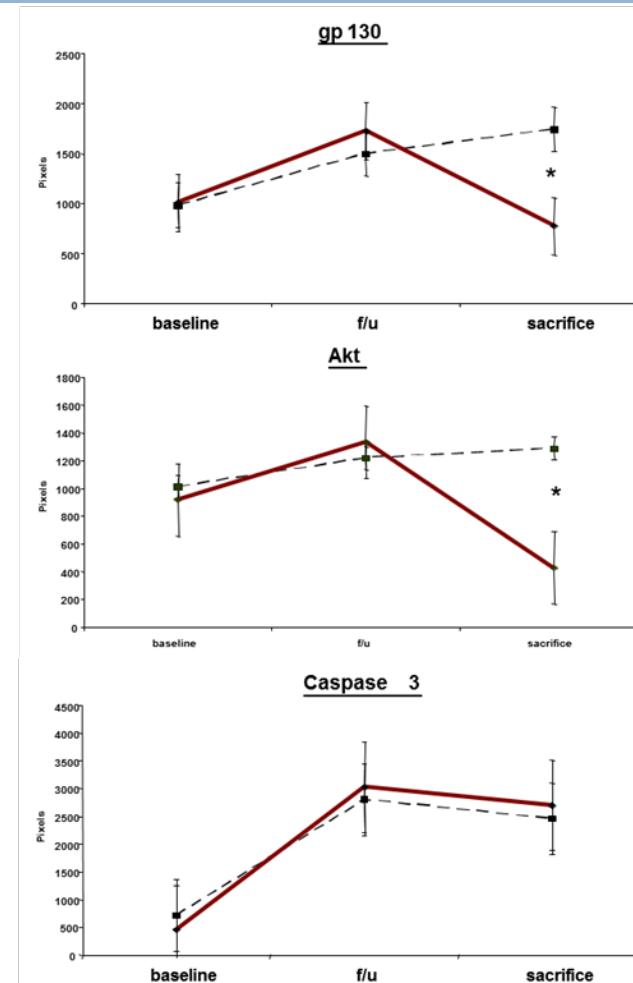
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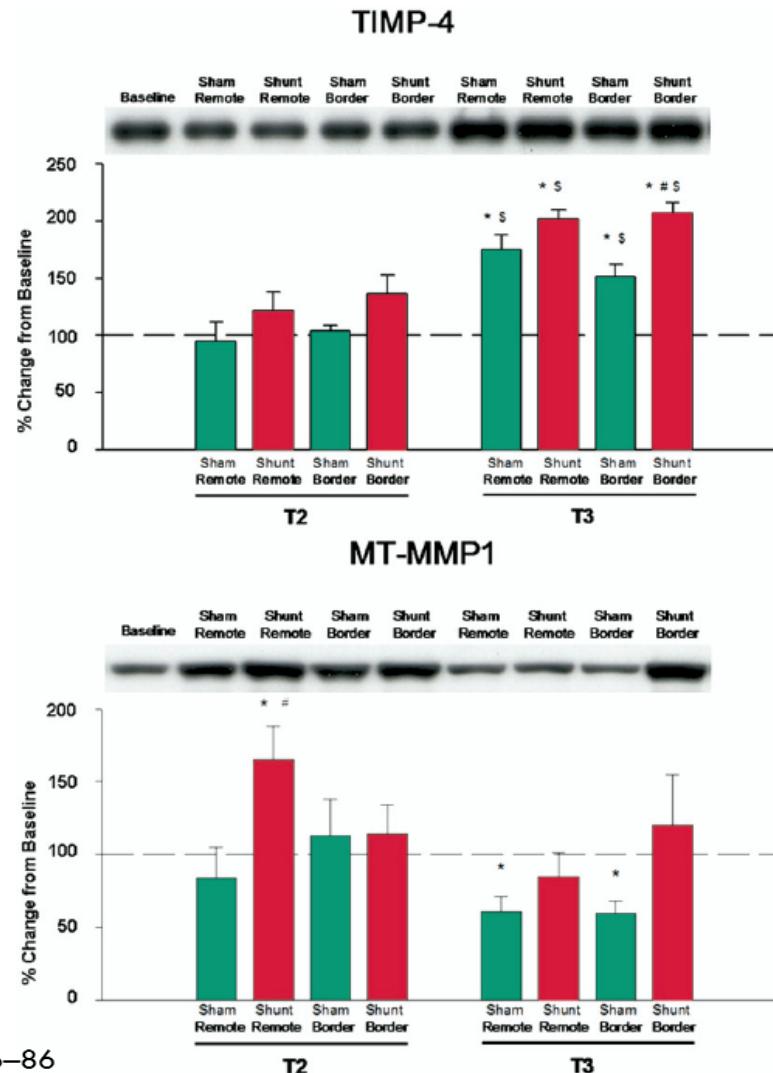
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Beeri R. et al. J Am Coll Cardiol 2008;51:476–86



# Remodeling and Ischemic MR Extra-Cellular Matrix



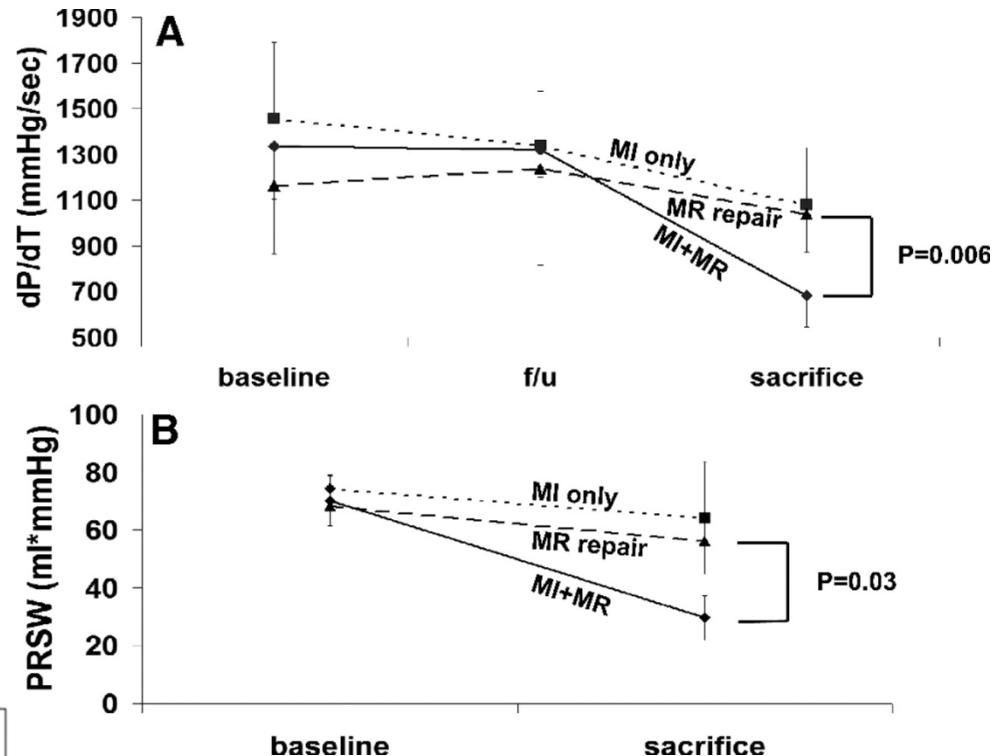
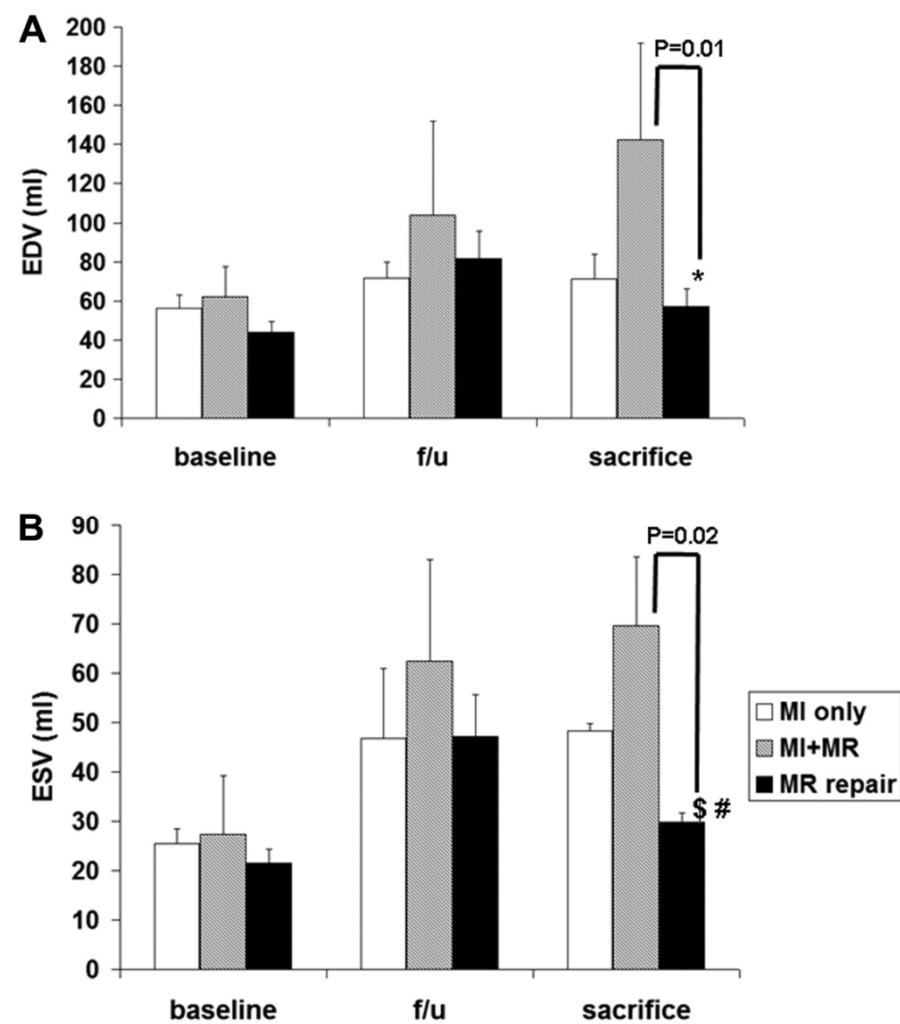
# Remodeling and Ischemic MR Conclusions

- In this controlled model, moderate MR worsens post-MI remodeling, with larger LVs and reduced contractility.
- While at first pro-hypertrophic pathways are up-regulated, they subsequently fall, and transformation to a failure phenotype occurs.
- Therefore, MR can precipitate an earlier onset of dilated heart failure.



# Early Repair of Ischemic MR

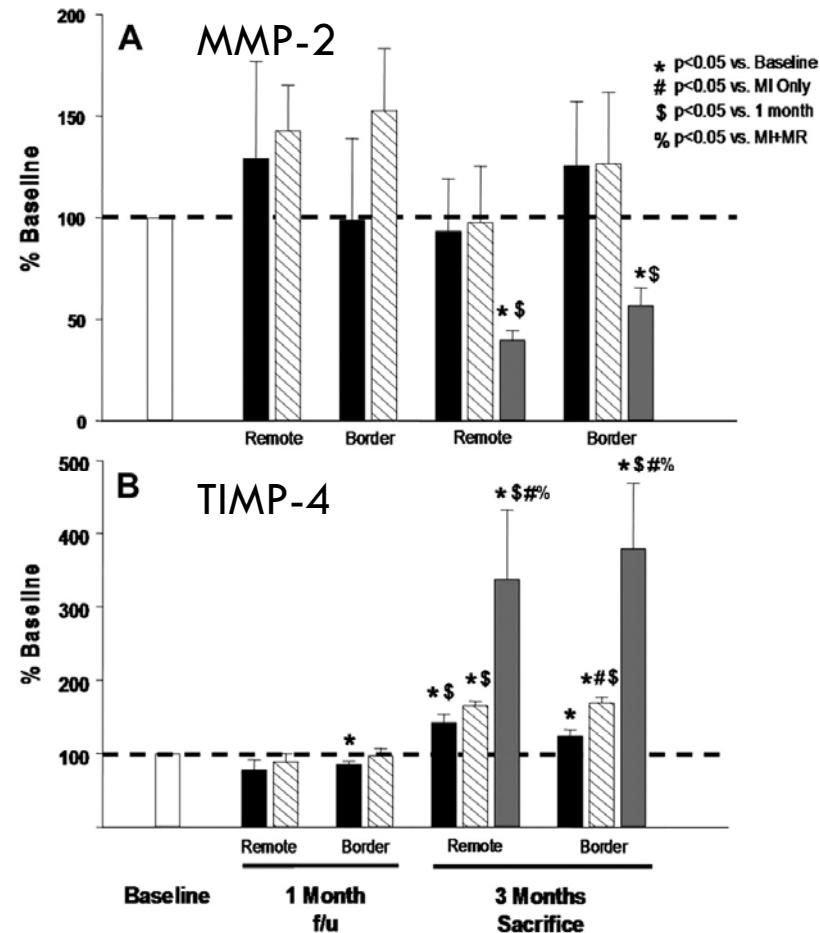
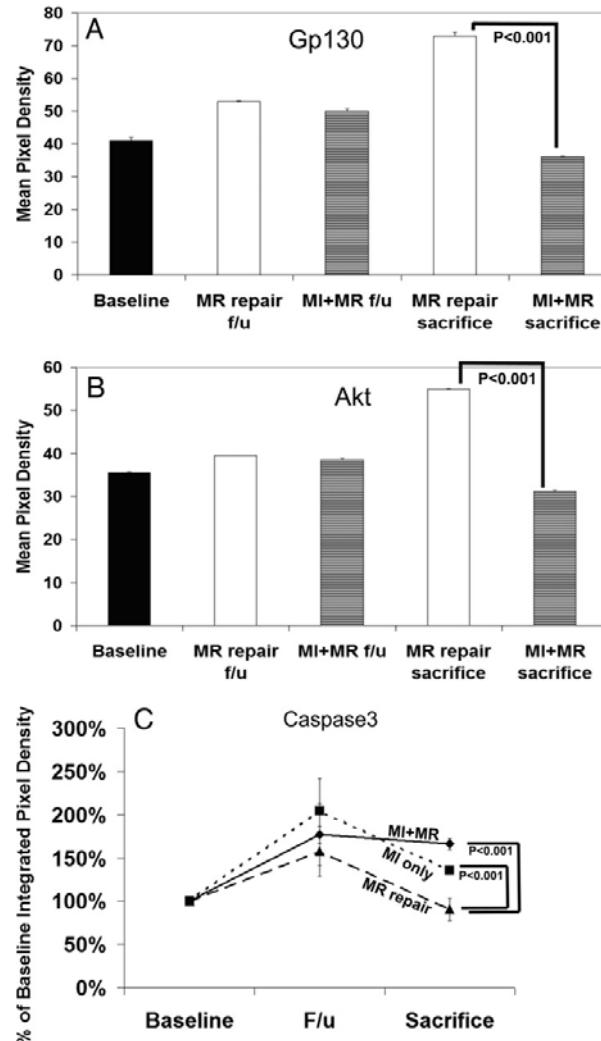
## Volumes and Function



Beeri, R. et al. Circulation 2007;116:I-288-I-293

# Early Repair of Ischemic MR

## Molecular and Extra-Cellular Matrix



Beeri, R. et al. Circulation 2007;116:I-288-I-293

# Early Repair of Ischemic MR

## Conclusions

- Repairing moderate ischemic MR after 1 month reverses ventricular remodeling at 3 months compared with persistent MR.
- Adverse molecular events that typify remodeling myocardium are suppressed after MR repair to levels similar to those seen in MI alone.
- Compensatory mechanisms, including matrix stabilization, remain activated.
- Therefore, repairing moderate MR early after MI reverses the remodeling process exacerbated by mitral regurgitation.

# Late Repair of Ischemic MR

- Immediate and especially long term benefit from repairing ischemic MR are conflicting\*
- Possible reasons:
  - Wrong technique
  - Too late
  - Not addressing the ventricle
- 12 sheep followed for 5 months. 6 sheep- MR repaired at 3 months

\* Geidel S., Schneider C., Lass M., et al. J Thorac Cardiovasc Surg 2007; 55:1-6.

Calafiore A.M., Gallina S., DiMauro M., et al Ann Thorac Surg 2001; 71:1146-1152.

Tahta S.A., Oury J.H., Maxwell J.M., et al. J Heart Valve Dis 2002; 11:11-14.

McGee E.C., Gillinov A.M., Blackstone E.H., et al. J Thorac Cardiovasc Surg 2004; 128:916-924.

Mihaljevic T., Lam B.K., Rajeswaran J., et al. J Am Coll Cardiol 2007; 49:2191-201

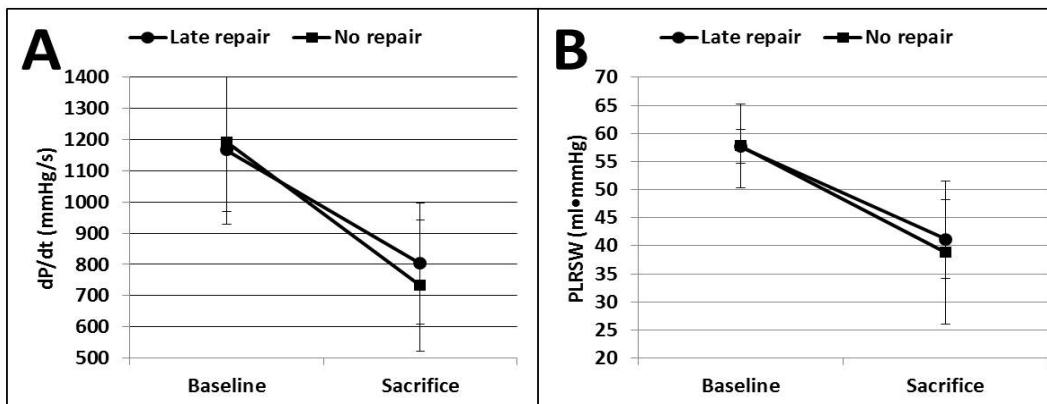
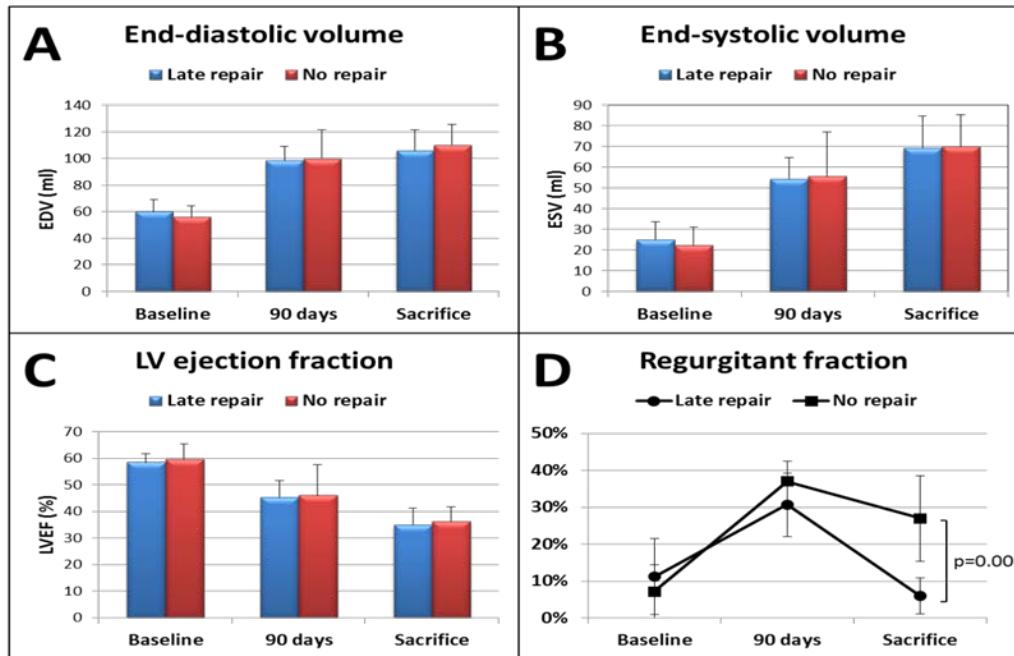
Dahlberg P.S., Orszulak T.A., Mullany C.J., et al. Ann Thorac Surg 2003; 76:1539-1547.

Hung J., et al Circulation. 2004;110:II-85 – II-90



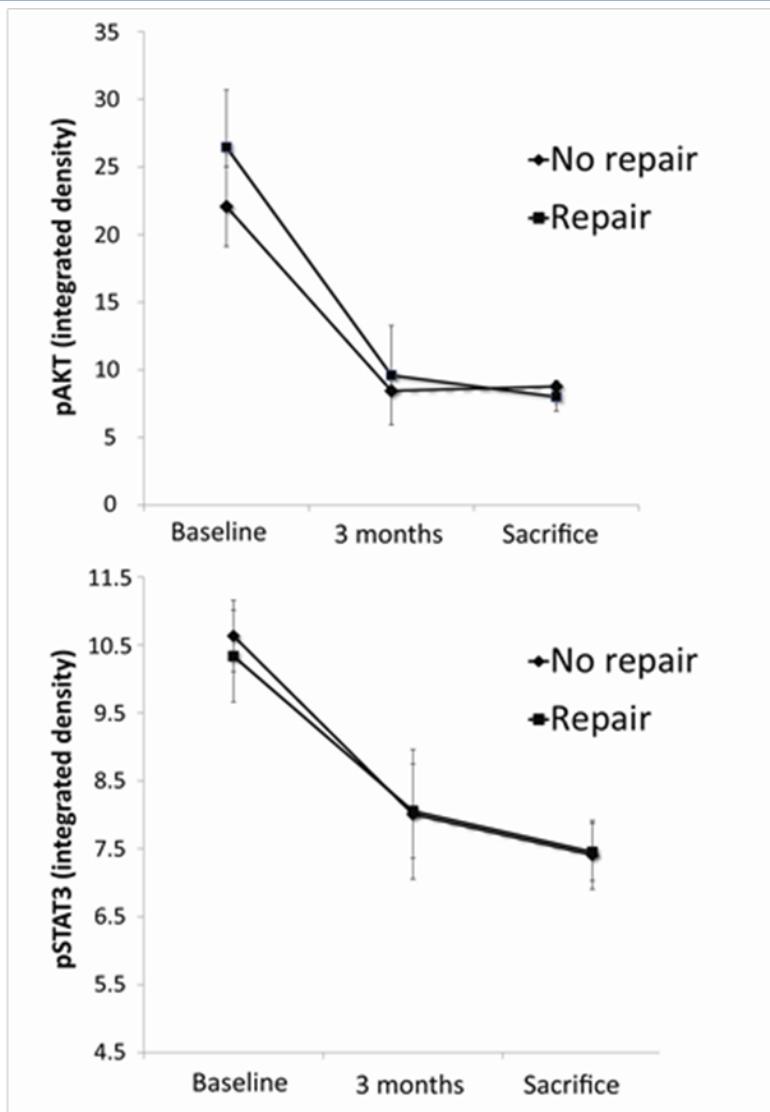
# Late Repair of Ischemic MR

## Volumes and Function



Beaudoin et al. Circulation .  
In press

# Late Repair of Ischemic MR Molecular Pathways



Beaudoin et al. Circulation .  
In press

# Summary

- The presence of MR after a myocardial infarction worsens prognosis
- Mere moderate MR increases remodeling and worsens its impact after a myocardial infarction
- Early repair, before failure phenotype has set in, permits reverse remodeling
- Late repair is not associated with reverse remodeling in a controlled model
- A robust ventricular solution for this ventricular problem is yet to be found

# Acknowledgements



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AHA Grant-in-Aid 0350422N, NIH/NHLBI grant R01HL38176, R01HL72265, and K24HL67434, and USA-Israel Binational Science Foundation grants (no. 2001037 and 2005250).

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