Bioprosthetic Mitral Valve Thrombosis: 10 Years Single Center Experience



Bloch Lev¹, Ilan Bushari Limor¹, Jabaren Mohamed ¹, Or Zafrir¹, Orlov Boris², Barak Yaron², Aravot Dan², Turgeman Yoav¹

¹Heart Institute, HaEmek Medical Center, Afula

²Heart Surgery Lady Davis Carmel Hospital, Haifa

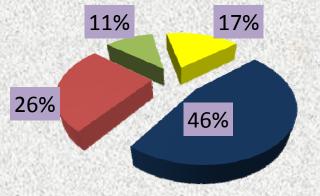
Conflict of Interest: None

Background:

- Mitral valves bioprosthesis (MVB) are advantageous over mechanical devices as their incidence of thrombosis are significantly lower.
- However, the real prevalence of MVB thrombosis is unknown
- Aim: To determine the prevalence and predictors for MVB thrombosis

Material & Methods:

- 10 years: 156 pts: MVR
- <u>35/156</u> (22.4%): Bioprosthetic MVR
- Mean age: 68.7± 9.5
- Valve Type:



- *Etiology:* Ischemic 49% (17)
 - **Rheumatic 31% (11)**
 - Degenerative 17%(6)
 - Endocarditis 3% (1)

- Mozaic
- Magna Perimount
- Carpentier Edwards
- Other

• 35/156 (40%): Persistent AF – Rx - Coumadin

Results:

- 3/35 (8.5%)- MVB Thrombi
- Mean period from surgery to index event: 40±18 months
- Sinus rhythm
- Ischemic etiology
- Echocardiography: LVEF <35% (p<0.05)
- 2/3- Redo (s/p CABG)
- 1/3- Coumadin for life



Conclusions:

• MVB thrombosis is a relatively frequent cause of valve dysfunction.

 The predictor of this phenomenon was significantly reduced LVEF in pts with ischemic etiology.

• In this group the need for early and long term anticoagulation should be considered.