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## The risk of adverse outcome with ischemic mitral regurgitation at 6-month after myocardial infarction: possible benefit of early intervention by transcatheter mitral-valve repair

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**Background:** The latest study has demonstrated the better outcomes of transcatheter mitral-valve repair in patients with decompensated heart failure (HF) and left ventricular (LV) dysfunction. However, it is unknown whether earlier intervention for mitral regurgitation (MR) can improve the outcome of myocardial infarction (MI).

**Purpose:** The aim of this study was to investigate the prognostic value of ischemic MR (IMR) at 6-month after MI for the later incidence of HF and death.

**Methods:** We retrospectively examined 723 MI patients who were admitted to our hospital. 95.5% of the patients were treated by primary coronary intervention. Patients were clinically followed-up at 6-month after the onset of MI, and divided into 3 groups according to the degree of IMR, i.e. No/Trivial IMR group (n = 528), Mild IMR group (n = 154) and  $\geq$ Moderate IMR group (n = 41). We compared the later incidence of hospitalization for HF and all-cause death at 3-year for each group.

**Results:** The studied population had preserved ejection fraction (EF) ( $56.9 \pm 10.7\%$ , average) and mostly asymptomatic at 6-month after MI. All-cause mortality within 3-year was higher in patients with  $\geq$ Moderate IMR ( $p < 0.001$ ), and the incidence of hospitalization for HF was significantly higher depends on the degree of IMR at 6-month ( $p < 0.001$ ). Multivariate analysis showed EF and the degree of IMR were the independent predictor for the hospitalization for HF.

**Conclusions:** IMR at 6-month after MI was associated with the later adverse events despite relatively preserved LV contraction without heart failure symptoms at the index examination. Early intervention for IMR potentially benefit for the better outcome.

Abstract P292 Figure. Caplan-Meier estimates on adverse events

