

426

Involvement of anterior leaflet and persistent MR at discharge are the 2 predictive risk factors for reintervention after mitral valve repair for significant and symptomatic MR

Fauvel C.¹; Breil R.¹; Doguet F.²; Raitiere O.¹; Bauer F.³

¹University Hospital of Rouen, Cardiology, Rouen, France

²University Hospital of Rouen, Cardiac Surgery, Rouen, France

³University Hospital of Rouen, Department of Cardiology, Pulmonary Hypertension Referral Center, FHU REMOD-VHF, F76000, Rouen, France

Background: Mitral regurgitation (MR) is the second most common valve disease in Europe with mitral valve repair being the treatment of choice in symptomatic patients with degenerative MR grade 3+.

Purpose: the study goal is to evaluate the long-term survival, the rate and the predictive factors of reintervention following mitral valve repair.

Method: All patients admitted for mitral valve repair in the context of significant MR defined by symptoms and/or critical left ventricular enlargement were included in this retrospective registry from January 2001 to 31 December 2011. The only exclusion criteria was scheduled mitral valve repair converted into mitral valve replacement.

Results: 426 consecutive patients had mitral valve repair. There were 137 women and 289 men with an average age of 62 ± 13 y. Twenty-two percent, 37%, 36% and 5 % patients were in NYHA functional class 1, 2, 3 and 4, respectively. All patients had MR grade 3+. Indication for mitral valve repair was endocarditis (n = 21), ring dilation (n = 21), ischemic functional MR (n = 26), rheumatic mitral valve (n = 8) and degenerative MR (n = 350). Operating room successful attained 95% % for mitral valve repair with only 5% in-hospital conversion to valve replacement. Of the 426 patients discharged after mitral valve repair, 39 patients died with a survival rate of 10.8 years (95% CI [10.4-11.3], 78.5% > 10 years) and 25 were re-operated. The two predictive factors for reintervention were anterior leaflet degeneration (OR = 3.4 IC95% [1.05-9.8]; p = 0.02) and persistence of mitral leak grade 2+ at discharge (OR = 6.7 IC95% [2-22]; p = 0.001).

Conclusion: Preoperative degenerative anterior leaflet and post-operative persistent grade 2+ mitral regurgitation are the 2 predictive risk factors for reintervention after mitral valve repair for significant MR.