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Mitral regurgitation and prognosis after non-ST-segment elevation myocardial infarction in very old patients

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Background: Mitral regurgitation (MR) after acute coronary syndromes is associated with adverse prognosis. However, the prognostic impact of MR in older patients with Non ST-segment Elevation Myocardial Infarction (NSTEMI) has not been well addressed.

Methods: The multicenter LONGEVO-SCA prospective registry included 532 unselected patients with NSTEMI aged ≥ 80 years. Echocardiography performed during admission quantified mitral valve parameters in 497 patients, who were classified according to mitral regurgitation (MR) status in two groups: significant (moderate or severe) or no significant MR (absent or mild). We evaluated the impact of MR status on mortality or readmission at 6-months.

Results: Mean age was 84.3 ± 4.1 years, 308 (61.9%) were males. A total of 108 patients (21.7%) had significant MR. Compared with patients without

significant MR these patients had lower systolic blood pressure (132 ± 28 vs 141 ± 27 mmHg), higher heart rate (82 ± 21 vs 74 ± 17 bpm), worse Killip class ($\geq II$ 49.5% vs 22.5%), lower ejection fraction ($47 \pm 14\%$ vs $55 \pm 11\%$), higher pulmonary pressure (42 ± 15 vs 35 ± 11 mmHg), as well as more frequent new onset atrial fibrillation (16.4% vs 7.2%) (all p values=0.001). Patients with significant MR also had higher in-hospital mortality (4.6% vs 1.3%, $p=0.04$) and longer hospital stay (median 8 [5–12] vs 6 [4–10] days, $p=0.002$), and higher mortality/readmission at 6 months (HR 1.54, 95% CI 1.09–2.18). However, after adjusting for potential confounders, this last association was not significant.

Conclusions: Significant MR is seen in about one fifth of octogenarians with NSTEMI. Patients with significant MR have a poor prognosis, which is mainly determined by their clinical characteristics.