

C68. Immediate And Long-term Results Of Mitral Valvuloplasty

Ignacio Cruz-Gonzalez; Pedro L. Sanchez; Maria Sanchez-Ledesma; Javier Martin Moreiras; Pablo Rengifo Moreno; Ignacio Inglessis; Igor F. Palacios
Massachusetts General Hospital, Boston, MA, United States

OBJECTIVES: Since the inception of percutaneous mitral valvuloplasty (PMV), multiple observational studies have demonstrated its safety and efficacy for the treatment of symptomatic moderate and severe mitral stenosis (MS). We report the immediate and long-term results in one of the largest cohort published.

METHODS: Demographic data, echocardiographic and procedure-related variables in 1015 consecutive PMV were described. Long-term clinical follow-up (death, mitral valve replacement, redo PMV) was performed.

RESULTS: Mean age was 55.3 ± 15.3 and 83% of the patients were female. The mean echocardiographic Wilkin's score was 7.6 ± 2.16 . Mitral valve area and mitral gradient pre-PMV were 0.9 ± 0.3 cm² and 13.93 ± 5.74 mmHg respectively. The double balloon technique was used in 65.4% of the patients, the Inoue balloon technique in 34% and in 6 patients (0.6%) a mixed technique was performed. Initial success (defined as a post-PMV MV area ≥ 1.5 cm² with post-PMV MR < 3+) was obtained in 70% of the patients. Mitral valve area and mitral gradient post-PMV were 1.9 ± 0.7 cm² and 5.7 ± 2.8 mmHg respectively. The rate of complications was low (1.4% procedure-related death, 3.3% immediate mitral valve surgery was required, 0.6% AV block, 0.7 cardiac tamponade). A minimum of 1 year follow up was recorded in 91.4%. With a mean follow-up of 4.2 years, and > 6 years in 25% of the population, more than 50% of the patients were free of events. 25.4% of the patients underwent surgical mitral valve replacement and in 5.5% a second PMV was performed.

CONCLUSIONS: PMV is safe and effective for the treatment of mitral stenosis, with good immediate and long-term results.