

C72. Predictors And Prognostic Implications Of Pulmonary Arterial Hypertension Complicating Degenerative Mitral Regurgitation: A Multicenter Long-term International Study

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OBJECTIVES: Knowledge of pulmonary arterial hypertension (PAH) complicating degenerative mitral regurgitation (MR) relies on single-center studies enrolling small sample size with varying degree of regurgitation. We investigated in a large and homogenous cohort predictors and prognostic implications of PAH complicating MR.

METHODS: The MIDA is a registry assembled by merging a series of institutional databases. The registry includes consecutive patients with a diagnosis of severe MR due to flail leaflets from tertiary centers in Europe and USA. Specific criteria for the present analysis were: 1) presence of tricuspid regurgitation allowing measurement of pulmonary artery systolic pressure (PASP) by Doppler Echocardiography; 2) absence of hypoxemic pulmonary disorders.

RESULTS: The inclusion/exclusion criteria were fulfilled by 437 patients (age 67±11; 66% males; LVEF 64±10; NYHA III-IV 35%). At multivariable analysis age (adjusted HR [95% CI] 1.05 [1.03-1.08], p Mean follow-up was 4.8±2.8 years (101 deaths). On multivariable analysis, after adjustment for age, gender, NYHA Class, LVEF and atrial fibrillation, PAH retained an independent prognostic significance under non-surgical management (adjusted HR 2.64 [1.25 – 5.57] P=0.011). Mitral valve surgery at any time was beneficial (adjusted RR 0.23 [0.14-0.37] P

CONCLUSIONS: PAH is as serious complication of MR. MV surgery should be considered before the occurrence of PAH.