

**C96. High Risk Patients With Type-111b Ischemic Mitral Regurgitation Undergoing Repair With Asymmetric E T Logix Ring: Short & Long-term Outcomes**

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**OBJECTIVES:** To report short and long-term outcomes of asymmetric ETlogix annuloplasty ring designed for geometric correction of mitral annulus.

**METHODS:** Charts were reviewed retrospectively for 102 patients who underwent mitral valvuloplasty between Jan'05-Aug'07 [Age: 72.4±10.3 years; BMI: 27.7±5.3 kg/m<sup>2</sup>; Females: 35.3%]. 97.1% patients had at least one concomitant procedure (CABG=83.4%, TVR=54.3%, AVR=19.4%, Cox-cryomaze=17.4%). Long-term mortality was recorded using Social Security Death Index. Data analysis was conducted using SPSS 16.0.

**RESULTS:** Compared to baseline, the long-term follow-up (duration: 6.6±6.1; range: 1-25 months) showed a decrease in NYHA class-III/IV from 47.5% to be present only in 27.2% patients, the MR grade reduction from 3.2±1 to 0.94±0.91 and an increase in ejection fraction from 31.1±13.3 to 45.4±12.5%. Accompanying table includes logistic EuroSCORE and short-term outcomes for overall population as well as for various groups (age, COPD and re-operation) based upon the multivariate analysis. Long-term survivals (actuarial survivals, KM curves and respective log-rank p-values) are depicted in the figure. Multivariate analysis performed by Cox regression revealed age (p value: 0.005, Hazards Ratio: 1.06, 95% Confidence Interval: 1.02 - 1.11), COPD (p-value: 0.036; Hazards Ratio: 2.18, 95% Confidence Interval: 1.05 – 4.54) and re-operation (p-value: 0.046, Hazards Ratio: 2.01, 95% Confidence Interval: 1.01 – 4.01) as independent predictors of poor long term survival.

**CONCLUSIONS:** An elderly high risk population undergoing multiple concomitant procedures in addition to mitral valve repair showed acceptable short & long-term outcomes both in terms of a highly effective reduction in mitral regurgitation and an acceptable long-term survival. Age, COPD and re-operation stood out as independent predictors for long-term mortality in this cohort of patients which underwent mitral annuloplasty using a CMA asymmetric ETlogix ring for their type IIIb IMR.

**Short-term Outcomes**

Variable:[Overall]	Age>75y	Age<75y	p	COPD	no COPD	p	Re-op	no Re-op	p
Log EuroSCORE: 32.7±22.2	45.9	25.5	<0.001	40.2	31.6	0.11	42.8	28.2	0.001
ACC(min):[136±66]	139	133	1.0	153	130	0.17	137	128	0.69
CPB(min):[196±74]	196	195	0.49	222	187	0.67	191	182	0.13
Overall MACE(%):[62.4]	75.0	66.0	0.36	71.4	62.3	0.44	66.7	61.2	0.59
Reop Bleeding(%):[13.7]	14.6	17.0	0.76	4.6	16.9	0.14	21.2	10.3	0.14
Sepsis(%):[11.8]	12.2	12.8	0.94	13.6	11.7	0.73	9.1	13.2	0.75
Stroke(%):[3.9]	2.4	6.4	0.62	4.6	3.9	1.0	3.0	4.4	1.0
Resp Failure(%):[22.8]	22.5	27.7	0.58	33.3	20.8	0.23	21.2	23.9	0.77
DSWI(%):[1.9]	0.0	4.3	0.50	9.1	0.0	0.048	0.0	2.9	1.0
Transmural MI(%):[0.99]	0.0	2.5	0.46	0.0	1.3	1.0	3.0	0.0	0.33
GI Bleed(%):[3.96]	5.0	4.3	1.0	0.0	5.2	0.58	6.1	3.0	0.60
Renal Failure(%):[11.9]	20.0	8.5	0.44	19.0	10.4	0.4	9.1	13.4	0.73
LOS(days):[15.3±9.7]	14.5	16.8	0.32	17.1	14.8	0.33	16.7	14.7	0.35
30d mortality(%):[13.7]	19.5	12.8	0.39	22.7	11.7	0.19	21.2	10.3	0.14

## Long-term Outcomes

