

C103. Results Of Mitral Valve Repair Versus Mitral Valve Replacement For Isolated Active Infective Mitral Valve Endocarditis: 22-year Single Center Experience

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OBJECTIVES: We retrospectively compared early and long-term results of mitral valve repair (MVR_{rep}) and replacement (MVR) in patients with isolated infective mitral valve endocarditis (MVE).

METHODS: Between 04/1986 and 12/2008, 1393 infective endocarditis operations were performed including 488 in cases of MVE. Fifty-nine of these patients (39 men, median 49 years) received MVR_{rep} with pericardium and 194 MVR (124 men, median 57 years) for isolated MVE. Probability of survival, freedom from recurrence and reoperation were calculated to identify predictors. Follow-up (3 months–19.6 years) was completed in all survivors with 306 and 719 patient-years in the MVR_{rep} and MVR group, respectively.

RESULTS: Compared to the MVR_{rep} group, MVR patients were significantly older, preoperatively significantly more often intubated, in more advanced cardiac decompensation and more often underwent emergency operation. MVR_{rep} patients had significantly more preoperative septic cerebral embolism. MVR_{rep} was associated with significantly better survival: 30-day, 1, 5, 10 and 15 year survival rate was 91.4%±3.6%, 84.0%±5.0%, 76.6%±6.1%, 62.4%±8.2% and 62.4%±8.2% compared to 80.1%±2.9%, 66.4%±3.5%, 52.8%±3.9%, 39.8%±4.5% and 36.9%±5.0% (p=0.0050). Freedom from MV reoperation due to failure of reconstruction at 1, 5 and 10 years was 86.6%±5.0%, 84.4%±5.4%, and 79.1%±7.2%. Endocarditis re-occurred in 2/59 (3.3%) early after MVR_{rep} and 5/194 (2.5%) after MVR.

CONCLUSIONS: MVR_{rep} for MVE shows much better early and long-term survival than MVR. It should be performed when all infected material can be resected and the remaining tissue allows re-shaping of a competent valve. Patients requiring MVR had advanced endocarditis with annular destruction and were more critically ill.