

P73. Mitral Valve Repair In Infective Endocarditis: Current Approach And Results

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OBJECTIVES: Surgical management of infective endocarditis (IE) of mitral valve (MV) is challenging. Dilemma occurs about timing and type of surgery due to long term problems of prosthetic valve, risk of prosthetic valve endocarditis (PVE) and complexity of MV repair. This study summarizes our results of MV repair in IE.

METHODS: Between February 2003 to December 2007, 52 patients underwent MV repair due to IE at our institution. There were 36 males and 16 females. Average age was 46.7 years. Mean follow up time was 27.1 months. Mean preoperative mitral regurgitation (MR) was +3.27. Operations included isolated MV repair (32), with tricuspid valve (TV) repair (9), with aortic valve replacement (AVR)(6), with AVR+ TV repair (3) and other (2). Average bypass time and aortic clamp time was 114.06 and 91.21 minutes respectively. Common surgical procedures included mitral annuloplasty (52), reconstruction of leaflet with autologous pericardium (20), Neochordal replacement (16), commissuroplasty (16) and sliding plasty (14).

RESULTS: There was no hospital mortality nor late death. No recurrent infection was found. Four patients needed reoperation from recurrent MR. Two had MV replacement and the other two had MV re-repair. Postoperative complications included postcardiotomy syndrome (5) and bleeding (3). Postoperative echocardiography showed improvement of MR from the average of +3.27 to +0.43. Average mitral valve area (MVA) was 2.29 cm². New York Heart Association functional status improved from average of class 2.54 to 1.15.

CONCLUSIONS: MV repair in IE is feasible and safe. Early surgical intervention and use of appropriate techniques are crucial for better outcome.