

P81. Mitral Valve Leaflet Patch Repair For Infective Endocarditis: Fresh Autologous Pericardium Is Durable And Efficacious

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OBJECTIVES: Mitral valve (MV) repair offers advantages compared to replacement in the surgical treatment of infective endocarditis (IE). While glutaraldehyde-treated autologous pericardium (AP) has traditionally been employed for MV leaflet patch repair in IE, we have preferentially used fresh AP and now report mid-term outcomes.

METHODS: Between 2002 and 2009, 90 operations were performed for MV IE at a single institution. Repair was performed in 57/90 (63%) with fresh AP utilized in 20/57 (35%). Follow-up echocardiography was performed in a core laboratory and the degree of mitral regurgitation, mean gradient across the mitral valve, left ventricular ejection fraction and appearance of the patch were assessed.

RESULTS: There was one operative death secondary to sepsis. Two patients died prior to follow-up secondary to complications of renal carcinoma and heart failure (35 and 1180 days) and three were lost to follow-up. Late echocardiograms were available for review in 14/19 (74%) patients. Mean follow-up was 807 ± 669 days. MR grade was \leq mild in 13/14 (93%) and moderate in 1/14 (7%). The mean gradient was 4.8 ± 2.7 mmHg. Ejection fraction was preserved in all patients ($61 \pm 9\%$). No ballooning, retraction or gross calcification of the patches was seen. Freedom from reoperation was 100%.

CONCLUSIONS: Fresh autologous pericardium for mitral valve leaflet patch repair in IE is associated with excellent mid-term valve function. This technique may facilitate an increase in the rate of mitral valve repair for IE.