

P94. Long Term Outcome Of Combined Valve Repair And Maze Procedure For Non Rheumatic Mitral Regurgitation And Associated Atrial Fibrillation

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OBJECTIVES: This study analyzed long term surgical outcomes of combination therapy of mitral repair and maze procedure.

METHODS: Between June 1992 and December 2008, non-rheumatic 187 patients were included (mean follow-up 6.7+/-4.3 years). Mean age was 62+/-11 years. Valve lesions were anterior in 53 patients (28%), posterior in 74 (40%), both in 32 (17%), and non-prolapse etiologies in 27 (15%). Artificial chordate replacement was performed in 65 patients (35%), leaflet resection in 89 (48%), and ring-annuloplasty was applied in 151 (81%). Cryo-maze was done in 110 patients (59%), CoxIII/Kosakai-maze were in 68 (36%) and radiofrequency-maze in 8 (4%).

RESULTS: There were one operative death (0.5%), 14 late deaths (7.5%) and 19 readmissions for heart failure (10%) including 10 failed repairs necessitating reoperation (5.3%). Ten and 15-year survival rates were 88% and 76%. Sinus rhythm (SR) was regained in 91% at 30 days, 78% at 5 years and 65% at 10 years. Nine thromboembolic episodes were detected (0.75%/patient-year) and seven patients were in recurrent atrial fibrillation (AF). Echocardiography showed left ventricular diastolic diameters (mm) were decreased from 60 to 49 at 1 year ($p < 0.01$) and 54 at 10 years ($p < 0.01$), and fraction shortening (%) were maintained from 35 to 36 and 34. 3+MR was observed in 32 patients (17%) and freedom rate from that were 91% (114/125) at 1 year, 82% (45/55) at 5 years, 73% (22/30) at 10 years and 78% (7/9) at 15 years. Univariate analysis showed recurrence of MR was associated with absence of annuloplasty ring ($p < 0.01$) and recurrence of AF ($p < 0.01$).

CONCLUSIONS: Combination therapy is safe and effective strategy for MR and associated AF, and maintenance of SR and ring-annuloplasty are crucial to avoid recurrent MR.