

P100. Outcomes In Octogenarians Undergoing Mitral Valve Repair

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OBJECTIVES: The feasibility and efficacy of mitral valve repair (MVR) in octogenarians remains controversial, as many surgeons prefer replacement in the interest in performing expeditious surgery, especially if more complex pathology is present.

METHODS: Prospectively collected data on 79 consecutive octogenarians undergoing MVR from 1/2002 to 12/2008 were analyzed. Study endpoints were mortality, major complications, mitral regurgitation (MR) grade on postoperative trans-thoracic echocardiogram (TTE), and survival.

RESULTS: The mean age of patients was 83±5 years. Etiology was degenerative in 42%(n=33), ischemic in 32%(n=26), rheumatic/calcified in 19%(n=15), dilated cardiomyopathy in 4%(n=3), and endocarditis in 3%(n=2). Isolated MVR was performed in 13 (16%) patients. Concomitant procedures included tricuspid repair (n=54, 68%) and coronary bypass grafting (n=28, 35%). Twelve (15%) patients were undergoing reoperative cardiac surgery. Four octogenarians underwent mitral valve replacement within the study period (repair rate=95%). Operative mortality rate was 5% and 2 of the 4 deaths occurred in patients undergoing reoperation for ischemic MR. Overall 90-day mortality for survivors of the initial hospitalization was 5% (n=4). Major postoperative morbidities included mechanical ventilation >72hours (n=12, 15%) and renal failure requiring dialysis (n=5, 6%). No patient experienced a postoperative stroke or required re-operation. Postoperative TTE showed none-trace MR in 97%. No patient required mitral re-repair. Actuarial survival at 1- and 3-years was 86% and 77% respectively, with an unadjusted survival superior to 60% at 5 years, similar to that of an age-matched population (Figure).

CONCLUSIONS: Excellent results following primary MVR can be achieved in most octogenarians, with low operative mortality and postoperative morbidity, and good mid-term survival.

