

P146. When Repair, When Rather Replacement for Chronic Ischemic Mitral Regurgitation-medium Term Results Of Undersized Ring Annuloplasty With Echocardiographic Follow-up

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OBJECTIVES: Mitral valve annuloplasty is the standard surgical technique for the management of chronic ischemic mitral regurgitation(IMR). However up to 1/3 of patients develop recurrent IMR after surgical annuloplasty.

METHODS: In a series of 284 patients with CAD undergoing CABG with mitral valve repair, first 134 were evaluated: 90 male (67,2%), mean age 63,1 mean EuroSCORE 6,6±2,6 and 106 pts with history of acute MI.TTE revealed moderate MR in 62 pts (46,3%) and severe in 72 pts (53,7%). Undersized ring was implanted in all pts diameter ranged 24-30, but sizes 26- 28 were used in 93,7% of pts). Patients were observed for 4-20 months (7,2±3,0).

RESULTS: Severe MR occurred in 8 pts (5,9%). Statistical analysis revealed that length of coaptation(LC) (p=0,0002), NYHA (p=0,034),CCS(p=0,027),Euroscore (p=0,021) are the predictors of postoperative MR. Cox regression showed independent predictors of recurrent MR are:age(OR 0,9 p= 0,041), BSA (OR 0,084 p= 0,041), LVEDVI (OR 1,024 p=0,011), LVESVI (OR 1,020 p=0,044) and LC (OR 0,011 p=0,014). Results depend on: LC (cut off 6,3mm, sensitiv.94,0%, specifi. 85,0%, p<0,05) and left ventricular geometry and function LVEDVI (cut off 82,6 ml/m², 60,0%, 61,3%, p<0,05), LVESVI (cut off 54,2ml/m², 60,0%, 68,8%, p<0,05), LVEF (cut off 35%, 75,0%, 65,0%, p<0,05). Risk of IMR recurrence-if four predictors are present:LC ≤ 6,0mm,IMR severe pre-op, LVEF≤ 35% pre-op, BSA ≤ 1,9 pre-op - 84,33%, for three predictors-LC, IMR and LVEF- 50,13%, for three predictors- LC,IMR,BSA-60,08% respectively

CONCLUSIONS: We identified clinical and echocardiographic parameters associated with repair failure, that suggests some patients with IMR might be better served by MV replacement than repair.