

## **P4**

### **Recurrence Of Mitral Insufficiency (IMR) in Patients Operated For Chronic Ischemic Mitral Disease - Clinical And Echocardiographic Evaluation**

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#### **Objectives:**

About 10%-12% of patients undergoing MV reconstructon have significant regurgitation during follow up and of our study was to identify risk factors of recurrence IMR.

#### **Methods:**

In a series of consecutive 175 patients who underwent IMR operation,40 first patients were evaluated, 31 male, mean age 62,6±7,1 Euroscore 6,7±2,3. mean NYHA class 2,42±0,67, CCS 2,45±0,67. 34 pts (85,5%) were after acute MI. Angiography showed multivessels disease in 25 pts (62,5%).Echocardiography (TTE) diagnosed moderate IMR in 16 pts (40%) and severe in 24 pts (60%).Carpantier type I was found in 17 pts (42,5%),type IIIB in 23 pts (57,5%).CABG in 36 pts (90%) and Ring implantation in 40 pts (100%).Ring diameter ranged from 26- 34mm (26-28mm in 90%)The 4 and 16. follow up was performed.

#### **Results:**

Severe IMR occured in 5 pts (12,5%).In 3 of these cases additional mitral procedure was required (2 pts artificial chordes,1 pt posterior commissural closuer).In 15 pts (37,5%) we observed only mild regurgitation. According to statistical analyzes length of coaptation(p=0,0004),NYHA class(p=0,034),CCS class(p=0,027), LV4ch and LV2ch SI (p=0,003 p=0,018 respectively) were the predictors of postoperative IMR.We found significant negative correlation between the length of coaptation and LV4ch basal level SI (r=0,56, p<0,001),LV4ch medium level SI (r=0,35, p<0,029) and LV2ch medium level SI(r=0,47, p<0,013).

#### **Conclusions:**

Repair of ischemic mitral valve is a safe and effective method of treatment

We identified risk factors that may worsen the final results: length of coaptation,NYHA and CCS class,Euroscore,some indexes of sphericity.