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Cardiac Surgery: Valvular Heart Disease I

Abstract 2290: Evolution Of Moderate Chronic Ischemic Mitral Regurgitation In Patients Underwent Only Coronary Artery Surgery: Clinical And Echocardiographic Follow-up At Rest And Under Exercise

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Objective: Management of moderate chronic ischemic mitral valve regurgitation (cIMR) is still debated. Several authors favouring surgical treatment in combining with coronary artery bypass grafting (CABG) while others suggested conservative approach. However, evolution of moderate cIMR after only CABG is still unclear. Aim of this study was to evaluate prospectively, at rest and under exercise condition, the clinical outcomes and echocardiographic results of patients with moderate cIMR underwent only CABG.

Methods: Since February 2003, 176 patients with moderate cIMR survived CABG surgery were prospectively followed. Follow-up was obtained at 1 month and 1, 3, 5 years and was 100% complete. Mean follow-up was 30±16 months. At last follow-up, exercise test was performed in all survivors to evaluate tolerance to exercise and variability of mitral regurgitation (MR) grade and of systolic pulmonary arterial pressure (sPAP).

Results: Five-years survival rate was $73.8 \pm 3.2\%$. Late death occurred in 46 patients. Predictors for late death were NYHA Class \geq III, LVEDD \geq 60 mm, LVEF% \leq 40, and PAPs \geq 50 mmHg. At follow-up, CABG was able to reduce MR grade in 30% of patients whereas in the 35% of patients MR grade remained stable and in the 35% worsened. Predictors for MR grade worsening were LVEDD $>$ 60 mm ($p < 0.01$), LVEF% \leq 40 ($p < 0.01$) and tenting area $>$ 1.8 cm² ($p < 0.01$). At last follow-up and under rest condition there were 39 patients with mild MR, 46 patients with moderate MR, 35 with moderate-to-severe MR, and 10 patients with severe MR. Under exercise, 14/39 (36%) with mild MR move to moderate and 32/46 (69.5%) move to moderate-to-severe with or without symptoms appearance. We found also in this subgroup of patients worsening in sPAP. No reverse remodeling was observed in patients with LVEF% $<$ 40.

Conclusions: In patients with moderate cIMR, only CABG could not be effective in term of survival, clinical outcome, and decreasing of MR. Failure of CABG in MR treatment is well demonstrated by the worsening in MR grade in the 35% of patients. Moreover, residual postoperative MR can lead to no reversal remodeling. After CABG alone the grade of MR worsened under exercise leaved more patients with heart failure symptoms despite the MR grade at rest condition.

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