

8 - Mitral Valve Repair – Risk Based Approach

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Abstract

We are presenting two patients of the same age group with mitral regurgitation very different operative risks scores and had different mitral repair approaches to mend their heart.

One 73-year-old very active healthy women presented to her primary care doctor with exertional dyspnea and weakness over 3 months with no coronary disease with a STS (Society of Thoracic Surgeons) mortality risk score of 4% end up having a open heart surgery with sternotomy and bilateral clefts on posterior mitral leaflet repaired with annuloplasty ring on CPB(Cardio Pulmonary Bypass)and ischemic arrest of the heart for 74 minutes with a very good post-operative recovery and very good outcome. Severe to no mitral regurgitation or mitral stenosis before discharge home.

Another 77-year-old man admitted several times with heart failure, Heart block and PPM, progressively decreased quality of life at home due to delayed diagnosis and last admission with possible pneumonia and intubated for 2 weeks and decreased renal function, normal coronaries with STS mortality risk score of 12%. Received preoperative IABP, inotrope and TEER (Trans femoral vein Edge to Edge Repair) with two XTW clips (Abbot Mitral clip) between very flail posterior mitral valve leaflets, made severe MR to mild MR with no open-heart surgery. He was extubated on day 2 with mild MR and MS. He had good post procedure recovery and discharge to rehabilitation center.

Both patients pre and post procedure ECHO will be presented as video clips.

Conclusion

Two of our patients with same pathology with different operative risk scores had different approaches to manage their mitral regurgitation to give the best possible outcomes without compromising their life.