«Ισχαιμική ανεπάρκεια της μιτροειδούς βαλβίδας.
Αντικατάσταση με διατήρηση του υποβαλβιδικού μηχανισμού»

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The commonest mitral regurgitation etiologies

- Degenerative (60%),
- Rheumatic post-inflammatory (12%)
- Functional (25%)

Due to the large number of patients with acute MI, the incidence of ischaemic MR is also high.
Ischaemic mitral regurgitation is a complex multifactorial disease

That involves

- Left Ventricular Geometry,
- Mitral Annulus,
- Valvular/Subvalvular Apparatus.

Ischaemic mitral regurgitation is an important consequence of LV remodeling after myocardial infarction.
Is recommended to maintain annular–papillary continuity, which is known to be associated with improved left ventricular (LV) function in the early and late postoperative period, and hence with better short- and long-term survival after MVR.


MVR preserving all the chordae tendineae for mitral regurgitation is an excellent procedure for improving postoperative LV regional wall motion in the anterolateral, apical, and diaphragmatic regions and for decreasing postoperative LV end-systolic volume index.

In contrast, MVR preserving the posterior chordae tendineae alone was not enough to improve global LV function or regional wall motion.
Chordal preservation in mitral valve replacement has been widely accepted because of the advantage of preserving left ventricular function and decreasing the risk for ventricular rupture in mitral valve replacement.
Conclusion: This study suggests that long-term outcomes may be improved when the sub-valvular apparatus are preserved
LIMITATIONS

This technique should incorporate several principles:
(1) The procedure must not cause left ventricular outflow obstruction.
(2) Retained subvalvular structures should not interfere with the prosthetic valve mechanism.
(3) Sufficient tissue should be resected to allow for implantation of a suitably sized valve.
Bileaflet preservation successfully prevents the postoperative decrease in LVEF, in comparison with preservation of the posterior leaflet alone. Moreover, posterior-leaflet-only preservation yields excellent results in terms of LV diameter.
The **importance of preservation** of the subvalvular apparatus (PSVA) during mitral valve replacement (MVR) in non-rheumatic mitral valves is well recognized.
In the most severely ill patients with extensive comorbidities, chordal sparing MVR should be considered, as such patients derive no benefit from MV repair and a reliable and rapid operation is in their best interest.

In patients with stable functional ischemic MR, repair with a ring annuloplasty is associated with good durability and seems to presage improved survival when compared with MVR.

However, while several studies have compared MVR and MV repair in patients with severe ischemic MR, considerable controversy remains regarding the optimal surgical approach for these patients.
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