May patients with severe, oligosymptomatic structural mitral valve regurgitation benefit from minimally invasive mitral valve repair?

Background
- 5-year combined incidence of atrial fibrillation, heart failure, or cardiovascular death (CVD) in nonsurgical, asymptomatic patients with normal ventricular function and severe mitral regurgitation was estimated at 42% ± 8%. [1]
- Heart failure at 10 years was less frequently found after early surgery for severe mitral regurgitation (7%) than after initial medical management (23%) [2]
- Survival was estimated at 86% after early surgery for severe mitral valve regurgitation versus 69% for initial medical management at 10-year follow-up [2].

Material and methods
- group of 50 patients (37 male, 13 female)
- severe mitral regurgitation according to ESC/EACTS 2012 echocardiographic criteria
- qualitative and quantitative echocardiographic assessment before and six months after the surgery
- surgical procedure performed through right mini-thoracotomy
- clinical evaluation: NYHA classes, presence of arrhythmia, recurrent hospital admission, perioperative complications

Results
- echocardiographic evaluation as presented in tab. 3

Conclusions
- Minimally-invasive mitral valve surgery should be considered in oligosymptomatic patients as it is safe, highly successful method that significantly improves echocardiographic and clinical parameters in 6-month observation.

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