

**OPERATED VERSUS NON-OPERATED PATIENTS WITH  
ACQUIRED VALVULAR HEART DISEASE: A FOLLOW-UP  
STUDY IN THREE YEAR PERIOD**

**V. Kadinov, R. Topalova, S. Nikova, V. Popov**

*Department of Cardiology and Rheumatology with Intensive Care  
Unit, Varna*

With the development of cardiac surgery in Bulgaria with every coming year there are more and more operated patients versus the general number of non-operated with acquired valvular heart disease. The aim of this study was to check up what is the clinical condition, professional ability and late prognosis of operated versus non-operated patients with acquired valvular heart disease treated in Department of Cardiology and Rheumatology with Intensive Care Unit in the Medical University of Varna during 1988.

A group of 92 patients with acquired valvular heart disease was investigated. Thirty-two (16 males and 16 females at the mean age of 49,2 years) were operated. Non-operated were 60 patients (22 males and 38 females at the mean age of 49,8 years). From all investigated patients 53 were with mitral valve disease; 18 with aortic valve disease and 21 with a disease of mitral and aortic valves. All patients were under physician's control. By means of a questioning protocol all patients were checked up once. The diagnosis, the indications for operation, the outcome, the functional class (NYHA) and the professional route were put under analysis. Under analysis were put also the reasons for which some patients were not operated: too late (NYHA III-IV); rheumatic activity; patient's refuse; NYHA I-II; other contraindications. The results were checked statistically by means of alternative analysis.

Twenty-seven (84,36%) from the operated patients improved their functional class (NYHA) after surgical treatment. In the group of patients who were not operated there was no improvement - 27 (45%) were without change in their functional class and 26 (43,33%) were in a worsen state. Seven (11,66%) died. It was very impressive that patients who had indications for surgical treatment in 1988 (23 patients) but refused it, got worse in a very high percentage (74%) in 1991 and only 26% were without change. Nevertheless high percentage of operated patients with improved functional class still there were too many of them retired as invalids (65,63%). Among non-operated this figure was 53,33% and the difference with operated patients was statistically

insignificant ( $p > 0,05$ ). The comparison between those retired as invalids among operated and those who refused operation (65,63% and 65,21%) was also statistically insignificant ( $p > 0,10$ ). Changes in the number of retired as invalids after successful operation in comparison with the number of retired as invalids in the same group before the operation showed statistical significance ( $p < 0,01$ ) - 66% versus 44%.

The indications and recommendations for cardiac surgery of patients with acquired valvular heart disease are given by National Cardio-Surgical Centre in Sofia, Bulgaria (3). Similar are the recommendations in the American literature (5). In our study we proved the improvement of functional class (NYHA) and the quality of life in 84,36% of all operated patients. However, we found a strange fact: nevertheless high percentage of improved patients after surgical treatment, the number of retired as invalids among them was high (65,63%) and there was no statistically significant difference with non-operated. This is a tendency in Bulgaria published by other authors, too (1,2). Even stranger was the fact that after surgical treatment more patients were retired as invalids compared with the same group before treatment. In the literature is mentioned that the professional ability of patients with operated heart must be evaluated individually (4,6). This still does not mean that the patient is operated in order to be retired as an invalid but even the opposite.

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