LONG-TERM IMPACT OF REPEAT PERCUTANEOUS MITRAL COMMISSUROTOMY ON THE NEED FOR SURGERY IN MITRAL STENOSIS. INSIGHTS FROM A SERIES OF 912 PATIENTS WITH A 20-YEAR FOLLOW-UP

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Background: Percutaneous mitral commissurotomy (PMC) can be repeated in case of mitral restenosis. However, the impact of repeat PMC on the possibility of deferring mitral surgery has not been specifically studied. We thus compared long-term survival without re-intervention (surgery or repeat PMC) to survival without surgery alone after PMC.

Methods: We analysed 912 patients (pts) who had good immediate results (IR) of PMC (valve area ≥1.5cm² with mitral regurgitation ≤2/4). Mean age was 48±13 years.

Results: During follow-up (FU), 351 pts (38%) required repeat intervention on the mitral valve. Surgery was performed in 266 pts (76%). A repeat PMC could be performed in 85 pts (24%): 80 (94%) had good IR of re-PMC, 18 of whom underwent mitral valve replacement during FU. Survival without re-intervention (surgery of repeat PMC) was 38±2% at 20 years. When considering surgery alone, the corresponding rate increased to 46±2% at 20 years. In the 504 pts aged <50 years at their first PMC, 20-year rates were 45±3% for survival without re-intervention and 57±3% for survival without surgery (Figure).

Conclusion: After successful PMC 1) Re-intervention is frequently needed. 2) Repeat PMC can be performed in 1 out of 4 pts needing re-intervention. 3) When a re-intervention is needed, surgery can thus be further postponed in a substantial number of patients. 4) The favourable impact of repeat PMC is particularly marked in pts aged <50 years, enabling more than half of them to remain free from surgery 20 years after initial PMC.