Early surgery in valve infective endocarditis in a tertiary care center in a developing country (Tunisia)

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Between January 2001 and December 2005, 117 patients with infective endocarditis on native valves were operated in the active phase of the disease. The average age of our patients was 40.32 years with a male ascendancy. The causal heart disorder was found in 89% of the cases, dominated by rheumatoid arthritis. The germ in cause was isolated in 52.7% of the cases. The common indication was hemodynamic in 60 cases, infective in 14 cases, prosthesis valve endocarditis with severe prosthetic dysfunction and embolic in 18 cases. The average operating delay was of 16.38±16.88 days with regard to the beginning of the antibiotic treatment. We realized valvular aortic replacement at 31 patients with reoperation of the ring in ten cases, a valvular mitral replacement at 35 patients, a mitroaortic replacement at 20 patients, a reconstructive mitral surgery in 26 cases, and a reconstructive tricuspid surgery in five cases.

The early mortality was 20.5%. The follow-up was 89% with an average resection of 3.1 years and a late mortality of 7%. The aim of this study is to analyze the immediate and late results of the surgery of infective endocarditis in the active phase and to bring to light the prognostic factors of mortality.

Is redo percutaneous mitral balloon valvuloplasty indicated in patients with mitral restenosis?

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It is unknown if patients who developed symptomatic mitral restenosis after PMV may benefit from repeat percutaneous mitral balloon valvuloplasty (PMV). Our purpose is to assess the immediate and long-term outcomes of repeat PMV for post-PMV mitral restenosis.

We report the immediate outcomes and long-term clinical follow-up results of 73 patients (mean age 29.95 years, 80.6% women) with symptomatic mitral restenosis after prior PMV, who were treated with a repeat PMV at 51,75±29.4 months after the initial PMV. The mean follow-up period was 58, 85 months. There was a significant increase in the mitral valve area (1.08±0.21 to 1.76±0.32; p<0.001), and decrease in the mean trans-mitral gradient (15.28±6.84 to 8.67±4.07 mmHg; p<0.001) and the mean left atrial pressure (21.01±7.33 to 14.75±5.88 mmHg; p<0.001). Mean pulmonary artery pressure decreases significantly with redo PMV (47.5±14.73 to 34.38±9.57; p<0.001).

The onset of new mitral regurgitation had occurred in 15 patients (21.7%) Successful procedural outcome was achieved in 79.6% of patients. No patient developed severe mitral regurgitation after redo PMV. There were no in-hospital complications. Early symptomatic improvement after redo PMV of 1 NYHA functional class was observed in 96.7% of the patients. During the follow-up period, there were no deaths, and 10 (13, 69%) patients required mitral valve replacement.

Overall, 44 patients (60, 27%) were alive without further valvular intervention at follow up after redo PMV. All of these patients were in NYHA class I or II at follow-up. The probability of event-free survival (alive and free of mitral valve replacement and/or NYHA class >III) at follow up after redo PMV of 1 NYHA functional class was obtained in 96.7% of the patients. During the follow-up period, there were no deaths, and 10 (13, 69%) patients required mitral valve replacement.

Adverse impact of pre-therapeutic gradient on outcome in patients with trans-aortic valve implantation : a monocentric experience

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Background: Although trans aortic valve implantation (TAVI) is a promising alternative solution for patients who could not undergo conventional surgery, few data are available regarding post-procedure complications among these fragile subjects

Objectives: We sought to evaluate the factors associated with adverse outcome in patients with TAVI.

Methods: Clinical, biological and echocardiographic characteristics of the patients were assessed before implantation. Patients were followed up to 30 days after procedure. Our main primary end-point was the composite of death+stroke+acute pulmonary edema at day 30.

Results: Between November 2008 and March 2010, n=55 patients underwent TAVI in our institution (mean age=84.4±0.7; 40% men; mean STS score=25.2±1.3; 65% transfemoral). Primary endpoint occurred in n=9 subjects (n=2 deaths; n=1 stroke; n=6 pulmonary edema), who presented a longer in-hospital stay (14.4±3.2 vs. 9.2±0.6 days, p<0.008).

Patients experiencing the primary endpoint were comparable to the others in terms of age, gender, renal function, comorbidities, type of percutaneous

Clinical and hemodynamic results of percutaneous mitral valvuloplasty at patients with mitral stenosis and pulmonary artery hypertension

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Introduction: The percutaneous balloon mitral valvuloplasty (PMV) became the procedure of choice of the mitral stenosis with favorable morphology. The development of the pulmonary hypertension (PH) is a frequent in patients with mitral stenosis. However, its influence on results of the PMBV is unknown.

Aim: To determine the impact of the PH on immediate and long term results of the PMBV.

Patients and methods: Retrospective study that spreads on 6 years (from 1996 to 2002) regrouping all patients having undergone a PMBV for the first time. Clinics, echographic, hemodynamic data of patients have been collected. 72 patient had a systolic arterial pulmonary pressure (SPP) 60 mmHg (group H) whereas 217 had a SPP <60 mmHg (group N).

Results: Group H patients were older, had more acute pulmonary edema at admission, an echographic score >8, tricuspid regurgitation and smaller pre PMBV mitral surface. A bad result was noted in 11.4% in group H against 8.6% in group N (p=0.04). Post procedural complications were similar, except for the severe mitral regurgitation, more frequent in the group H. During a mean follow-up of 92 months, fifty-three patients in group H and 204 patients in group N were free of cardiac events. The NYHA class I or II were met more in the N group. The residual systolic pulmonary pressure was higher in H group.

Conclusion: The PMBV is an efficient procedure even in presence of PH in spite of the pejorative character that it confers on the immediate and long-term prognosis.