



Imaging

LONG-TERM OUTCOMES OF MODERATE TO SEVERE MITRAL REGURGITATION SEEN IN PATIENTS REFERRED FOR STRESS ECHOCARDIOGRAPHY

Poster Contributions

Poster Sessions, Expo North

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Background: Mitral valve regurgitation (MR) is a relatively common and important heart valve lesion in clinical practice. Echocardiography (ECHO) is the recognized imaging modality of choice for evaluation of valve disease. We studied whether severe MR by ECHO prognosticates patients referred for stress echocardiography (SE).

Methods: We studied 8169 patients who were referred for SE from the year 1996 to 2010. MR was evaluated qualitatively by expert readers according to ASE guidelines. MR was scored and divided into none or 1+, 2+, and 3+ / 4+ MR groups. Patients with prior valve disease or replacement and CABG were excluded. Patients were followed for a mean of 8.4 ± 5 yrs for all cause mortality assessed using the SSDI.

Results: There were 6686 (82%) of patients with none/1+ MR, 1117 (14%) with 2+ and 366 (5%) with 3+/4+ MR. Patients with severe MR were older, 57 vs. 68; $p < 0.001$, lower ejection fraction, 56 vs. 44; $p < 0.001$, and higher LV end-systolic dimensions, 3.2 vs. 3.8; $p < 0.02$. There were 1690 (21%) events, 1262 (19%) in none/mild, 267 (24%) in moderate and 161 (44%) in severe MR. After adjusting for all major clinical variables, severe MR was an independent predictor of mortality. (Figure)

Conclusions: Severe MR is not uncommon in patients referred for SE. Severe MR detected on ECHO have worse outcomes irrespective of other co-morbidities. This study adds to the evidence that ECHO can not only prognosticate short term but also long term outcomes related to MR.

Figure. Adjusted survival curves according to severity of mitral regurgitation

