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## Heart Failure and Cardiomyopathies

### LONG-TERM BENEFIT OF MYECTOMY AND ANTERIOR MITRAL LEAFLET EXTENSION IN OBSTRUCTIVE HYPERTROPHIC CARDIOMYOPATHY

Poster Contributions

Hall C

Saturday, March 29, 2014, 10:00 a.m.-10:45 a.m.

Session Title: Heart Failure and Cardiomyopathies: Therapy I

Abstract Category: 14. Heart Failure and Cardiomyopathies: Therapy

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**Background:** Severely symptomatic patients with obstructive HCM may benefit from surgical myectomy. Previous studies have demonstrated that elongation of the anterior mitral valve leaflet may result in suboptimal outcome after myectomy. The aim of this study was to evaluate the long-term results of myectomy combined with anterior mitral leaflet extension (MLE) in patients with obstructive HCM

**Methods:** This prospective observational single-center cohort study included 98 patients (49 ±14 years, 37% female) who underwent myectomy combined with MLE between 1991 - 2012. Endpoints included all-cause mortality, and change in clinical and echocardiographic characteristics. Mortality was compared with age- and gender matched non-obstructive HCM patients and subjects from the general population.

**Results:** Long-term follow-up was 8.3 ±6.1 years. There was no operative mortality and NYHA class was reduced from 2.8 ±0.5 to 1.3 ±0.5 ( $p<0.001$ ); left ventricular outflow tract gradient from 93 ±25 to 9 ±8 mmHg ( $p<0.001$ ); mitral valve regurgitation from grade 2.0 ±0.9 to 0.5 ±0.8 ( $p<0.001$ ); and systolic anterior motion of the mitral valve from grade 2.4 ±0.9 to 0.1 ±0.3 ( $p<0.001$ ). The 5-, 10-, and 15-year cumulative survival was 92%, 86%, and 83%; and did not differ from the general population ( $p=0.3$ ) or non-obstructive HCM patients ( $p=0.8$ , Figure 1).

**Conclusions:** In selected obstructive HCM patients myectomy combined with MLE is safe and results in long-term symptom relief and survival similar to general population.

