

### **C93. Feasibility Of Mitral Valve Repair For Degenerative Insufficiency Involving Both Leaflets**

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**OBJECTIVES:** Feasibility and reliability of mitral valve reconstruction in patients with degenerative mitral insufficiency with involvement of both leaflets were evaluated

**METHODS:** Data were prospectively collected for 430 consecutive patients with degenerative mitral incompetence (prolapse of both leaflets), who underwent correction from January, 1996 to December, 2008. In 417 patients (97%) repair of the anterior leaflet was accomplished by reconstruction with ePTFE sutures. Posterior leaflet prolapse was corrected either by quadrangular/triangular resection with sliding plasty (209 patients), or by ePTFE chordal replacement (192 patients). A flexible ring was implanted in 426 patients. In 9 cases (2%) the repair was accomplished with edge to edge stitch. In 4 patients (0.9%) a prosthetic valve was implanted. All patients who underwent repair had either no regurgitation or trivial to mild incompetence at hospital discharge

**RESULTS:** 30-day mortality was 0.9% (4 cases). Follow-up (3 months to 12 years, average 5.2) was performed in 417/422 patients in whom repair was performed (98.8%). No cardiac-related mortality was recorded; actuarial survival was 86% at two years and 66% at five years. Six patients (1.4%) showed symptomatic grade 3-4 mitral incompetence, which required reoperation. Four patients (0.9%) showed stable grade 2 mitral insufficiency that does not require correction. Echocardiographic controls demonstrate grade 0-1 mitral incompetence in 407 patients (97.6%)

**CONCLUSIONS:** In our series of patients with mitral insufficiency with involvement of both leaflets, physiological single-orifice repair is feasible and durable in the vast majority of cases (97%). Repair utilizing edge to edge stitch may find an occasional indication.