

ORAL PRESENTATION

Open Access

Mitral valve replacement with small cavity of left ventricle

V Popov*, V Lazoryshinets, V Shimon, Yu Lukach

From 23rd World Congress of the World Society of Cardio-Thoracic Surgeons
Split, Croatia. 12-15 September 2013

Background

To determine significance of patient-prosthesis mismatch (PPM) (indexed effective orifice area $< 1,2 \text{ cm}^2/\text{m}^2$) after isolated mitral valve replacement (MVR) in pts with small cavity of left ventricle (SCLV) (end-diastolic volume (EDV) $\leq 75 \text{ ml}$) during hospital period.

Materials

1811 adult patients (pts) with isolated mitral valve disease MVR were operated in Institute from 01.01.2000 till 01.01.2007. There were 127 (7,0%) pts with SCLV. Among them 48(37,8%) males and 79(62,2%) females in average age $53,2 \pm 7,1 \text{ yy}$. 110 (86,6%) pts belonged to IV NYHA class of heart failure, 17 (13,4%) – to III. Previous closed mitral commissurotomy was performed in 31 (24,4%) pts, to 7 pts – twice (closed recommissurotomy). Average body surface area (BSA) was $1,87 \pm 0,32 \text{ m}^2$. Following prostheses were implanted: bileaflet (Saint Jude, Carbomedics, On-X, Edwards-Mira) (n = 88) and monodisc as Alcarbon's type (MIKS, LIKS) (n = 40). Following prosthesis sizes were used: 23 mm (n = 1), 25 mm (n = 74), 26 mm (n = 3), 27 mm (n = 49).

Results

Hospital mortality (HM) was 5,5% (n = 7). It was higher in cases with 27 mm size of implanted prosthesis - 8,2% (n = 4/49) than in other group - 3,8% (n = 3/78) ($p < 0,01$). PPM were marked in 21 (16,5%) pts with BSA $> 1,75 \text{ m}^2$ and size of prosthesis 25 mm but there were no influence on HM. Heart failure and PPM were marked in 5 (3,9%) pts with BSA $> 1,75 \text{ m}^2$, size of prosthesis 25 mm and cavity of LV (EDV $\leq 50 \text{ ml}$). Risk-factors for PPM in SCLV group of pts on hospital stage were: small cavity of LV (EDV $\leq 50 \text{ ml}$) especially in pts

with BSA $> 1,75 \text{ m}^2$, previous operation, pulmonary hypertension, mitral valve calcification 3+, duration of rheumatic disease $\geq 25 \text{ years}$.

Conclusion

Pts with SCLV are in group of higher risk for operation and increasing risk of PPM. In these cases implantation of 25 mm prosthesis is expedient, but for pts with EDV 50 ml and BSA $> 1,75 \text{ m}^2$ it may lead for significant PPM and heart failure. 23 mm prosthesis may use in pts with body mass $\leq 45 \text{ kg}$ (BSA $< 1,5 \text{ m}^2$).

Published: 11 September 2013

doi:10.1186/1749-8090-8-S1-O288

Cite this article as: Popov et al.: Mitral valve replacement with small cavity of left ventricle. *Journal of Cardiothoracic Surgery* 2013 **8**(Suppl 1):O288.

Submit your next manuscript to BioMed Central
and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at
www.biomedcentral.com/submit



* Correspondence: vladpopov@ukr.net
Department of Acquired Heart Diseases, National Amosov's Institute of
Cardiovascular Surgery, Kyiv, Ukraine