

ORAL PRESENTATION



Durability of mitral valve reconstruction using the cosgrove edwards annuloplasty band at 5 years

P Risteski^{*}, E von Spreti, F Sipahi, U Stock, M Doss, A Moritz, A Zierer

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

Background

In the past, questions have been raised, whether an open flexible annuloplasty band can reliably prevent recurrent mitral valve regurgitation. The purpose of this study was to evaluate the durability of mitral valve repair at midterm, using the Cosgrove-Edwards annuloplasty band in a homogenic patient cohort.

Methods

From January 2004 to December 2007, 157 consecutive patients with degenerative mitral valve disease were included in the study. All had quadrangular resection of a P2 prolapse and annuloplasty with a Cosgrove-Edwards annuloplasty band. Clinical and echocardiography follow-up was complete.

Results

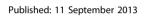
There was no intraoperative or 30 day mortality. After a mean follow-up of 5.0 ± 1.9 years, survival was 94.3%. At midterm, freedom from reoperations was 98.9%, freedom from thromboembolism was 97.5% and freedom from endocarditis was 99.4%. Echocardiography follow-up showed recurrent mitral valve regurgitation higher than grade 2 in two patients. Mean ejection fraction was 60.3 ± 10.2 %, left atrial diameter was 42 ± 7 mm, mean gradient was 3.2 ± 1.4 mmHg, effective orifice area was 3.3 ± 1.3 cm², mitral leaflet coaptation length was 7.5 ± 1.9 mm and mitral leaflet tethering height was 6.2 ± 2.3 mm.

Conclusion

Mitral valve repair using the Cosgrove annuloplasty band for degenerative mitral valve disease provides an effective and durable form of reconstruction.

* Correspondence: petarristeski@me.com

Department of Thoracic and Cardiovascular Surgery, Johann Wolfgang Goethe University, Frankfurt am Main, Germany



doi:10.1186/1749-8090-8-51-O290 Cite this article as: Risteski *et al.*: Durability of mitral valve reconstruction using the cosgrove edwards annuloplasty band at 5 years. Journal of Cardiothoracic Surgery 2013 8(Suppl 1):O290.

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

) Bio Med Central

Submit your manuscript at www.biomedcentral.com/submit



© 2013 Risteski et al; licensee BioMed Central Ltd. This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by/2.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.