

Mitral Repair Is Safer Option for Octogenarians

BY MITCHEL L. ZOLER

ATLANTA — Carefully selected octogenarians with mitral regurgitation generally had good outcomes following mitral valve repair in a series of 322 patients at two medical centers.

“Mitral valve surgery can be performed with good mid- and long-term outcomes in carefully selected octogenarian patients in whom mitral repair may confer a survival benefit over replacement,” Dr. David H. Adams said at the annual meeting of the American College of Cardiology.

In the series of consecutive octogenarian patients who underwent valve surgery

placement is favored in elderly patients “is not valid,” commented Dr. Steven F. Bolling, professor of surgery and director of the mitral valve clinic at the University of Michigan in Ann Arbor. He noted results he recently reported from an analysis of more than 28,000 U.S. patients who underwent mitral valve surgery during 2005-2007 and entered into the Society of Thoracic Surgeons database. That analysis showed that age was not an in-

dependent predictor for whether patients underwent valve repair or replacement.

In Dr. Adams’ analysis, significant predictors of valve replacement included active endocarditis, which boosted the replacement rate by more than 10-fold, and need for coronary artery bypass grafting in degenerative patients, which raised the rate of valve replacement by almost 4-fold. Independent predictors of mortality included emergency surgery, a left

ventricular ejection fraction of 30% or less, and renal failure. In octogenarian patients with a left ventricular ejection fraction greater than 30% who underwent valve repair that was not emergency surgery and did not also have coronary artery bypass the operative mortality rate was 4%, Dr. Adams said.

Dr. Adams has served as a consultant to and was an inventor for Edwards Lifesciences. Dr. Bolling had no disclosures. ■



Elective valve replacement linked with a 60% increased risk of death compared with valve repair.

DR. ADAMS

for mitral regurgitation during 1998-2008 at Mount Sinai and at the Heart Center of the University of Leipzig, Germany, 227 patients (70%) underwent valve repair and 95 (30%) had valve replacement. The operative mortality rates were 11% and 19%, respectively. In a multivariate analysis, elective valve replacement was linked with a 60% increased risk of death versus valve repair, a significant difference, said Dr. Adams, professor and chairman of cardiothoracic surgery at Mount Sinai Medical Center in New York.

The conventional wisdom that re-

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not, even though 166 of those who did not get surgery had symptoms, reported Dr. M. Fuad Jan, of the Milwaukee Heart Institute at Aurora Sinai Medical Center.

The patients who did not undergo surgery had significantly more comorbidities, with an average Euroscore of 35%, compared with an average 15% score in the patients who had their valve replaced. The patients who did not receive valve replacement were also older, with an average age of 85, compared with an average age of 82 in those who had surgery. Advanced age constituted the sole reason for not performing surgery in 43% of the patients, age plus comorbidities explained 50% of the cases that did not have surgery, patient refusal occurred in 4% of the cases, and no reason was identified in the remaining 3%.

The analysis also documented the potential benefit from valve replacement surgery. During 2 years of follow-up, the survival rate in the 56 patients who underwent valve replacement was 88%, significantly better than the 50% survival rate in the 272 patients who did not undergo valve replacement, Dr. Jan said.

Dr. Dua and Dr. Jan said that they had no disclosures. ■

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Reference: 1. Kushner FG, Hand M, Smith SC Jr, et al. *Circulation*. 2009;120:2271-2306.



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