LONG-TERM OUTCOMES IN ISCHEMIC MITRAL REGURGITATION: COMPARATIVE ANALYSIS OF THE RESULTS OF ISOLATED US AND US + MITRAL VALVE INTERVENTION

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Dolzarbligi. Ischemic mitral regurgitation (IMR) is one of the severe complications after myocardial infarction, and when choosing a method of its correction, a comparative assessment of the options for isolated coronary artery bypass grafting (CABG) or mitral valve (MV) intervention in combination with US is of great importance.

Materials and methods. Long-term results were observed in a comparison group of 38 patients (isolated US) and a main group of 39 patients (US + MV intervention). The observation period was up to 3 years. Patients were divided into the categories of “good”, “satisfactory” and “unsatisfactory” results based on clinical and echocardiographic parameters.

Results. Analysis of long-term results showed that the proportion of good results in the main group (US + mitral valve intervention) was significantly higher - 69.2% (27 patients), while in the comparison group this figure was only 47.4% (18 patients). The proportion of satisfactory results did not differ significantly between the groups: 23.7% in the comparison group and 20.5% in the main group. The largest difference was observed in unsatisfactory results: their proportion in the comparison group was 28.9%, while in the main group it was only 10.3%. This indicates a significant decrease in complications and relapses in the main group.

The results of statistical analysis (χ^2=4.29; p=0.039) confirmed the reliability of the difference between the groups. The mortality rate did not differ significantly in both groups: 5.3% (2 patients) in the comparison group and 2.6% (1 patient) in the main group (p=0.376). In both cases, death was associated with heart failure and severe coronary complications.

A significant difference was noted in the rate of reoperations: in the comparison group they amounted to 23.7% (9 patients), while in the main group this figure was only 7.7% (3 patients) (p=0.044). In all cases, reoperations were associated with mitral valve pathology, which was caused by recurrence of mitral regurgitation. This confirms that mitral valve repair during the main operation significantly reduces the need for reoperations in the long term.

Conclusion. The combined approach (US + mitral valve intervention) has advantages in long-term outcomes compared to isolated US: a higher proportion of good outcomes (69.2% vs 47.4%), a lower proportion of unsatisfactory outcomes and reoperations (10.3% vs 28.9% and 7.7% vs 23.7%). Thus, correction of mitral valve pathology at the time of the main operation significantly reduces the risk of recurrence and the need for reoperation, and improves the long-term prognosis.