AORTIC VALVE REPLACEMENT WITH CONCOMITANT MODERATE MITRAL REGURGITATION: DOUBLE VALVE REPLACEMENT, RISK OR BENEFIT?  
Martha García M 1,2, Eduardo Bucio MD 2, Jennifer Estrada MD 3, Instituto Nacional de Cardiología “Ignacio Chávez”.  

Introduction  
Functional mitral regurgitation (MR) is often associated with severe aortic stenosis (AS) and may improve after aortic valve replacement (AVR). The clinical decision to surgical intervention is based on the degree of MR. However, the evidence is clear on Mild and Severe MR, there’s no consensus regarding Moderate MR. The evidence suggests that coexistent Moderate MR may increase both early and late mortality after Surgical AVR. However, MR may improve significantly following isolated surgical AVR.  

This study was undertaken to compare the surgical outcome between patients with AVR with and without mitral valve replacement (MVR) and if it’s recommended for Moderate functional MR at the time of AVR for severe AS.  

Methods and Material  
From our Institution Database, we retrospectively evaluated data from patients who underwent AVR from 2014 to 2015 with concomitant Functional MR as shown on a preoperative echocardiogram.  

We excluded patients with structural mitral valve disease, combined procedures involving coronary artery bypass grafting (CABG), treatment of endocarditis and history of ischemic heart disease or stroke.  

We also made echocardiogram and clinical 24-months follow-up of the patients with Severe MR and Moderate MR with or without Mitral Valve Replacement (MVR) and measured survival and valve-related events (MACE). A probability p < 0.05 was considered to be statistically significant.  

RESULTS  
218 patients underwent to AVR. 53% presented concomitant MR (Mild: 30%, Moderate: 17%, Severe: 6%). General mortality was 6%. There was a trend toward a higher mortality in the group with Moderate MVR with MR vs the group with Moderate MR No MVR (22% vs 10% p = 0.363). The MACE measured was statistically significant (67% vs 17%; p = 0.006).  

Table 2 Comparison results between Moderate MR Groups  

Conclusions  
• The patients with Moderate Mitral Regurgitation and Mitral Valve Replacement had a higher mortality and adverse events, including more patients with Severe Mitral Regurgitation.  
• In the follow-up, most of the patient with Moderate Mitral Regurgitation No Mitral Valve Replacement have improved the Mitral Regurgitation.  

References  
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14. Contact  
Martha Itzel García Torres  
Instituto Nacional de Cardiología “Ignacio Chávez”.  
Email: martha.garcia@iunam.mx  

During the mean follow-up period, the Moderate MR No MVR group improved to Mild MR