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Moderate Mitral Regurgitation

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Disclosures

None

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Objectives

1. Outline the decision-making process for intervention on moderate MR
2. Review quantification methods for MR severity
3. Discuss guidelines on MR intervention timing

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Afternoon Case

- 70 yo M admitted with NSTEMI diagnosed with three vessel CAD booked for CABG x 3
  - Background of CCS II angina, NYHA I
  - Usual risk factors (mild obesity, ex-smoker, incr lipids, HTN)
- Pre-op Echo
  - Difficult study, unremarkable except:
    - Mild MR
    - LVEF 45%
- Questions
  1. Do you routinely perform a TEE for your CABGs?
  2. Would you perform a TEE for this CABG?

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You put in the TEE…

TEE LOOP WITH MODERATE MR by CFD

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What do you do now?

1. Cancel dinner plans, tell the surgeon to fix it?
2. Turn down the colour gain, call it mild?
3. Confirm the diagnosis?

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Confirm the Diagnosis

- What steps do you take to confirm?

Confirm the Diagnosis

- What steps do you take to confirm?

  Step 1: Primary vs Secondary

  Step 2: Confirm the severity

  Step 3: Put it together with the context of the patient (and their heart)

What features do you look for to determine Primary vs Secondary?

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Echo loop of primary on the left, secondary on the right

What are the high yield ways to confirm the severity?

(Lancellotti, 2013; Zoghbi, 2017)

Anyone using PISA to calculate EROA in real time?

- What threshold of EROA do you use for severe primary or severe secondary MR?

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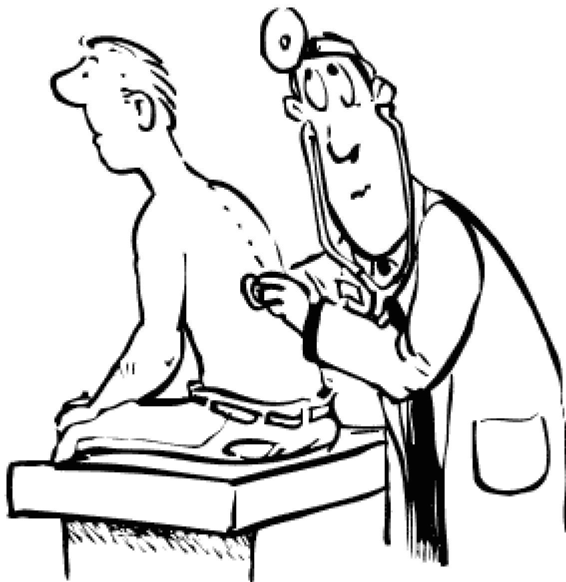
What other factors do you use to influence your decision?



(Nishimura, 2014 & 2017)

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So, we have confirmed moderate secondary MR in our patient, now what?

1. Call it moderate MR, cancel dinner plans, tell (encourage) the surgeon to **repair** it?
2. Call it moderate MR, cancel dinner plans, tell (encourage) the surgeon to **replace** it?
3. Report it as moderate MR, tell (encourage) the surgeon to just do the CABG as planned?

Reminder:

•70 yo M admitted with NSTEMI diagnosed with three vessel CAD booked for CABG x 3

- Background of CCS II angina, NYHA I
- Usual risk factors (mild obesity, ex-smoker, incr lipids, HTN)

•Pre-op Echo: Mild MR, LVEF 45%

ECHO LOOP WITH MODERATE ISCHAEMIC MR

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What does the ACC/AHA Say?

Concomitant mitral valve repair is reasonable in patients with chronic moderate primary MR (stage B) when undergoing cardiac surgery for other indications.

In patients with chronic, moderate, ischemic MR (stage B) undergoing CABG, the usefulness of mitral valve repair is uncertain (71,72).

- No other specific comments related to moderate MR

(Nishimura, 2014 & 2017)

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Questions/Comments?

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