



AMERICAN ASSOCIATION FOR THORACIC SURGERY

A Century of Modeling Excellence



AATS 
**MITRAL
CONCLAVE**
2017

April 27-28, 2017

New York Hilton Midtown
New York, NY, USA



Mitral Conclave

April 27-28, 2017

New York Hilton Midtown Hotel

New York, NY USA

Program Director

David H. Adams

Program Committee

Anelechi C. Anyanwu

Ralph J. Damiano, Jr.

Tirone E. David

Pedro J. del Nido

Gilles D. Dreyfus

Khalil Fattouch

D. Craig Miller

Rakesh M. Suri

Vinod H. Thourani



Program Overview

The 2017 AATS Mitral Conclave continues its tradition as the benchmark meeting in the field of mitral valve disease. The faculty includes over 70 international leaders in the field, and the program features over 200 invited or submitted lectures, abstracts, and video presentations.

During the two day Conclave every topic in mitral valve disease will be covered, with a unique emphasis on technical aspects of reconstructive valve surgery. Six plenary lecture sessions, four expert video sessions, twenty-two breakout sessions, and eight lunch sessions are sure to generate a high energy learning environment as the mitral world comes together for two days.



AMERICAN ASSOCIATION FOR THORACIC SURGERY

A Century of Modeling Excellence

P10. A Challenging Mitral Valve Repair in a Young Recurrently Surgical Patient. A Grown Up Congenital Heart Case Report

M. Hakim Pour, I. Zamfir, D. Benea, D. Botezatu, G. Cerin, A. Cotroneo, G. Martinelli, M. Diena

CardioTEAM Foundation, San Gaudenzio Clinic, Novara, Italy

Objective: We aim to illustrate the case of a highly complex mitral valve repair in a GUCH (Grown Up Congenital Heart) young patient with recurrently percutaneous and surgical interventions for aortic and mitral pathology.

Methods: The patient is a 26 years old woman diagnosed in her intrauterine life with severe aortic stenosis. She underwent a successful intrauterine valvuloplasty in England, being one of the first patients to benefit from such a treatment. Two days after her birth a second percutaneous aortic valvuloplasty was performed for residual stenosis. Later, at the age of 16, she was referred to cardiac surgery for aortic valve steno-insufficiency and mitral valve regurgitation. Aortic homograft positioning and mitral valve repair with incomplete prosthetic ring was performed. Despite residual moderate-severe mitral regurgitation, the girl was well until 2012. Since then she experienced multiple recurrent atrial fibrillation attacks requiring electric cardioversion, due to severe mitral insufficiency. In September 2016 the patient was admitted to our center for mitral valve surgery. Transthoracic and intraoperative transesophageal exams confirmed the good functionality of the aortic homograft and revealed a very complex anatomy of the mitral valve: partial dehiscence of the previous implanted ring, a hypoplastic posterior retracted leaflet in correspondence of P1 and P3 scallops, but with prolapsing P2 scallop, as well as perforation of the A1 scallop of the anterior leaflet. The surgical direct morphological examination confirmed the echo findings. The surgical technique consisted in repositioning the existing prosthetic ring, enlargement of the posterior mitral leaflet with a large pericardium patch, closure of the anterior leaflet perforation and implantation of one pair of artificial chords on the P2 scallop. Moreover, radiofrequency atrial fibrillation ablation with bipolar device was also performed according to Maze technique.

Results: The post pump echo exam showed very good mitral coaptation length of 8 mm, with mild regurgitation and without stenosis. This result was maintained at discharge and at three months follow-up. She is in sinus rhythm until now.

Conclusions: Today, the repair of the mitral valve becomes the technique of choice for mitral regurgitation in experienced centers, with excellent immediate and long term results. In cases with unfavorable anatomy valve substitution is the preferred alternative. In our case, despite a very complex mitral valve morphology and mechanism of regurgitation, we chose to preserve the valve in order to offer this young patient a good quality and quantity of life. The accuracy and the precision of echocardiographic diagnosis and the experience of heart team, were the key of successful repair for this young woman- a GUCH patient, allowing the surgeon to tailor the best surgical strategy, adapted to this very challenging case.