





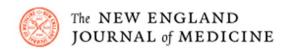


History of Mitral Valve Surgery and Repair

Tirone E. David

The First Recorded MV Operation

Boston Medical and Surgical Journal June 28, 1923. Vol 188:1023-7.



Cardiotomy and Valvulotomy for Mitral Stenosis; Experimental Observations and Clinical Notes Concerning an Operated Case with Recovery

ELLIOTT C. CUTLER, M.D., and S. A. LEVINE, M.D.



Claude Beck, Elliot Cutler, Samuel Levine



11 year-old patient

1st successful closed mitral valvotomy for mitral stenosis

The patient survived 4.5 years Died of pneumonia









Closed Mitral Commissurotomy for Mitral Stenosis

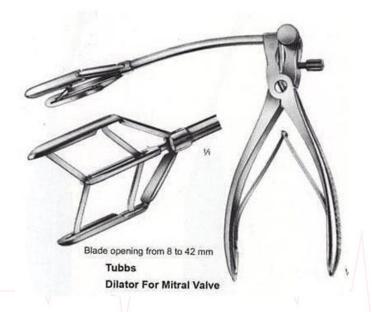
1923 – Elliot Cutler and Levine - Digital commissurotomy

1925 – Sir Henry Souttar – Digital commissurotomy

.....

1948 – 1962: several reports on closed mitral commissurotomy

1962 – Oswald Tubbs – Trans-ventricular valve dilator











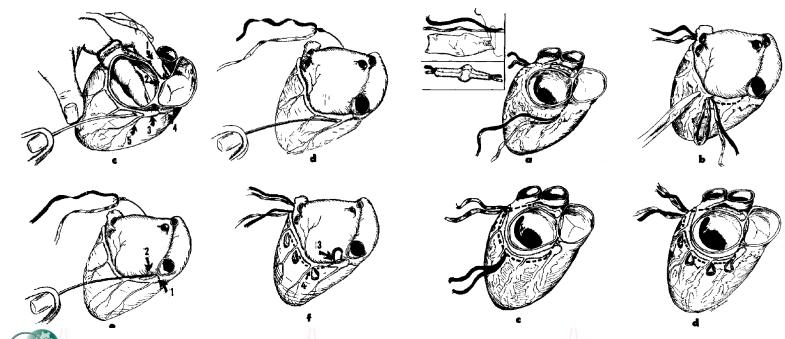
Annuloplasty for Mitral Regurgitation

Pericardial sleeve - Am J Cardiol 1958;2:267-275

58 patients: 25 in CHF: operative mortality 54% 35 stable: operative mortality 17%



Julio C. Davila 1932 - 2016



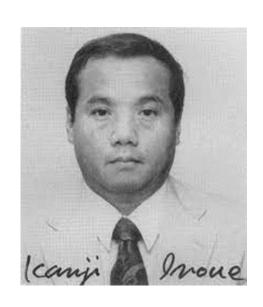


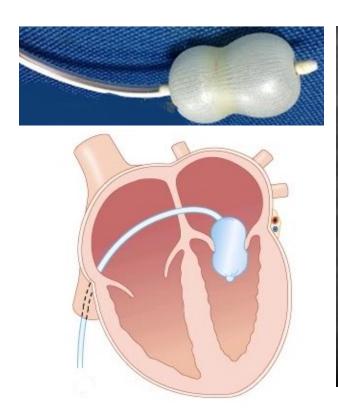






Inoue Balloon Valvotomy for Mitral Stenosis







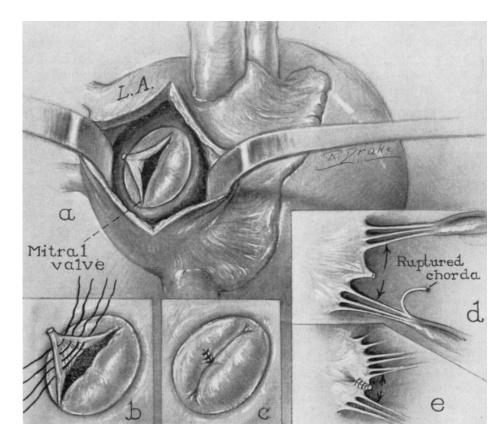






Inoue K et al. J Thorac Cadiovasc Surg 1984;87:394-402

Open Surgical Correction of Mitral Regurgitation



McGoon DC J Thorac Cardiovasc Surg 1960;39:357-362









50th Annual Meeting of The American Association for Thoracic Surgery, Washington, DC, April 6-8, 1970.

Volume 61, Number 1

January 1971

The Journal of THORACIC AND CARDIOVASCULAR SURGERY



A new reconstructive operation for correction of mitral and tricuspid insufficiency

- A. Carpentier, M.D. (by invitation), A. Deloche, M.D. (by invitation),
- J. Dauptain, M.D. (by invitation), R. Soyer, M.D. (by invitation),
- P. Blondeau, M.D. (by invitation), A. Piwnica, M.D. (by invitation),

and Ch. Dubost, M.D. (by invitation), Paris, France

Sponsored by D. C. McGoon, M.D., Rochester, Minn.











63rd Annual Meeting of The American Association for Thoracic Surgery, Atlanta, Ga, April 25-27, 1983

Volume 86. Number 3

September 1983

The Journal of THORACIC AND CARDIOVASCULAR SURGERY

J THORAC CARDIOVASC SURG 86:323-337, 1983

Honored Guest's Address

Cardiac valve surgery—the "French correction"

Alain Carpentier, M.D., Paris, France

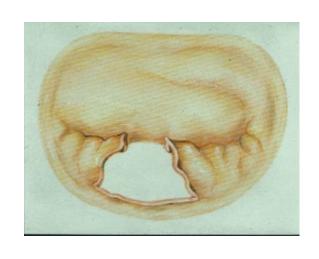


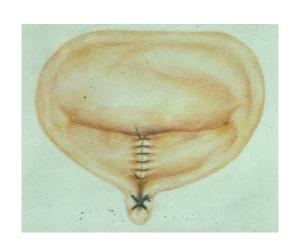












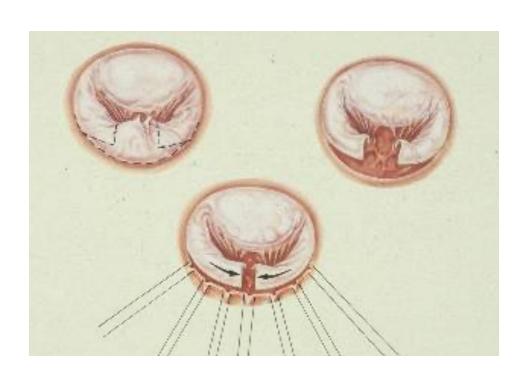
Partial resection of the posterior leaflet with plication of annulus

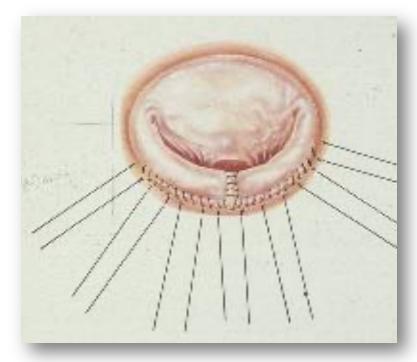












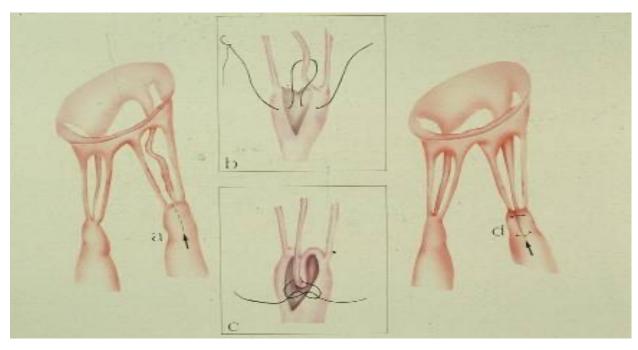
Partial resection of posterior leaflet with sliding plasty

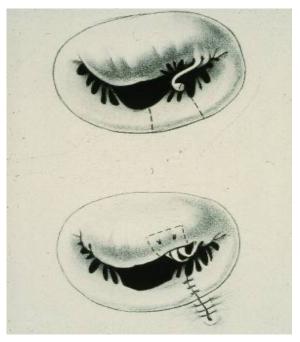












Chordal shortening

Chordal transfer

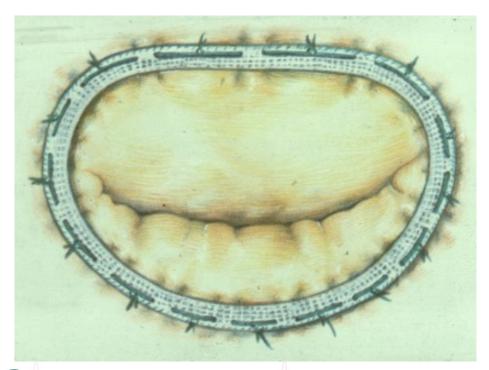








Remodeling of the mitral annulus with a rigid ring



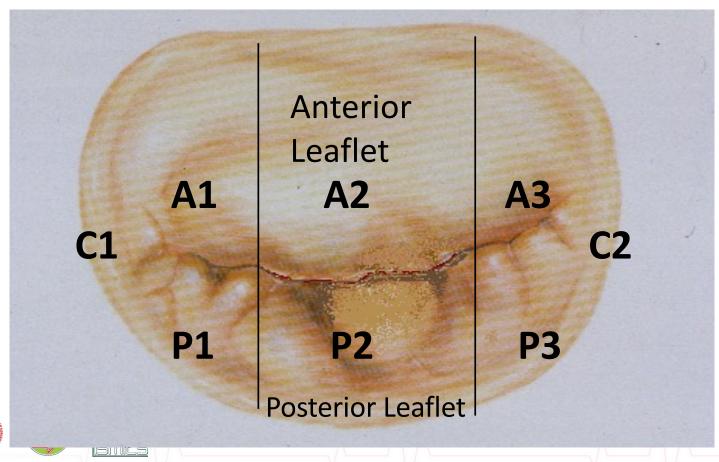








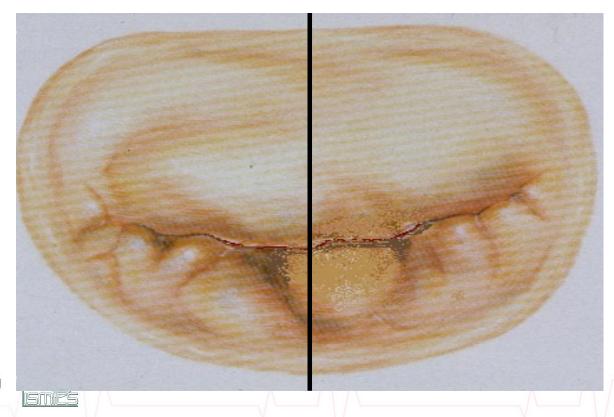
Mitral Valve Segments Carpentier's classification







Functional Anatomy of the MV Mid-Mitral Line



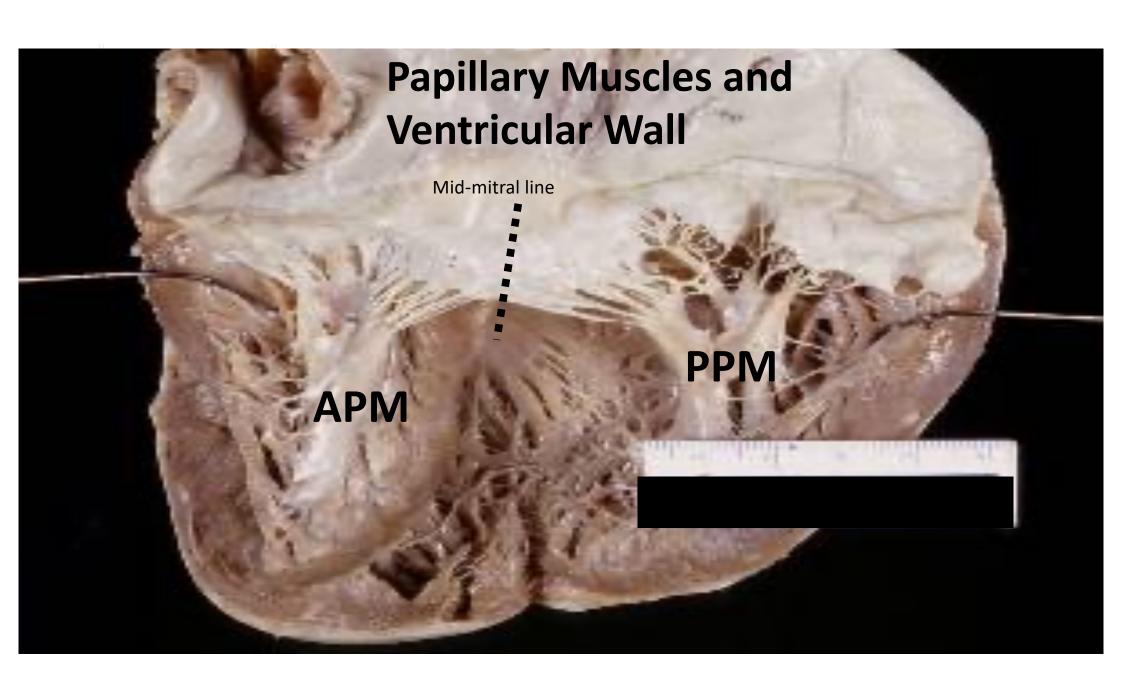
PPM





APM





MV Repair Beyond Carpentier's Techniques

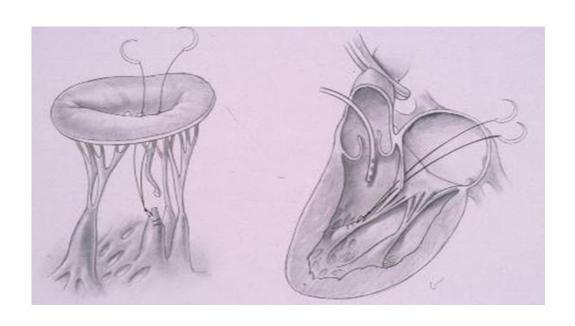


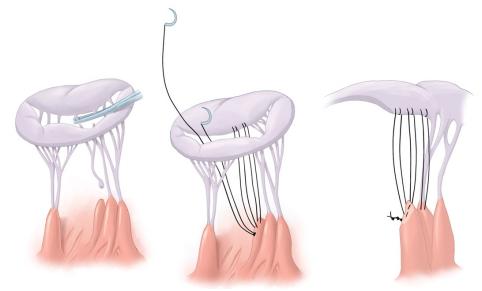






Repair of Leaflet Prolapse with Gore-Tex Sutures





David TE: J Card Surg 1989;4:286-90

David TE: J Thorac Cardiovasc Surg 1998;115:1279-85

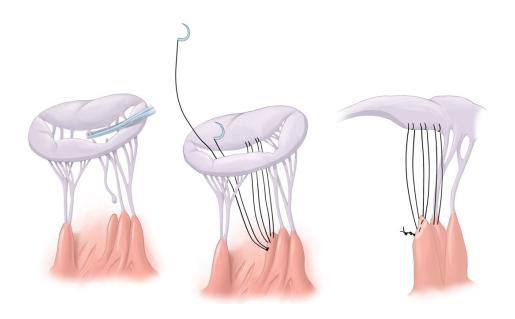






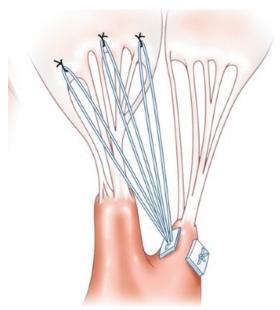


Chordal Replacement with Gore-Tex Sutures











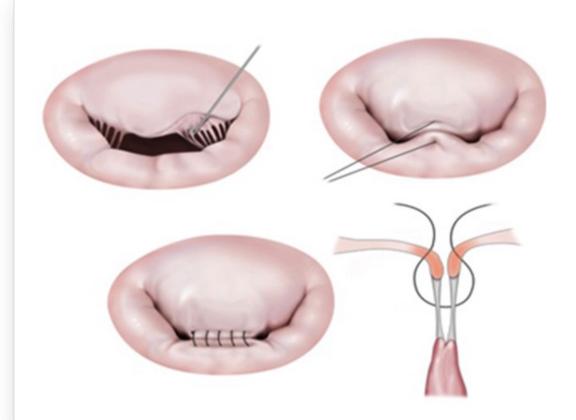








Edge-to-edge Repair = Alfieri Stitch





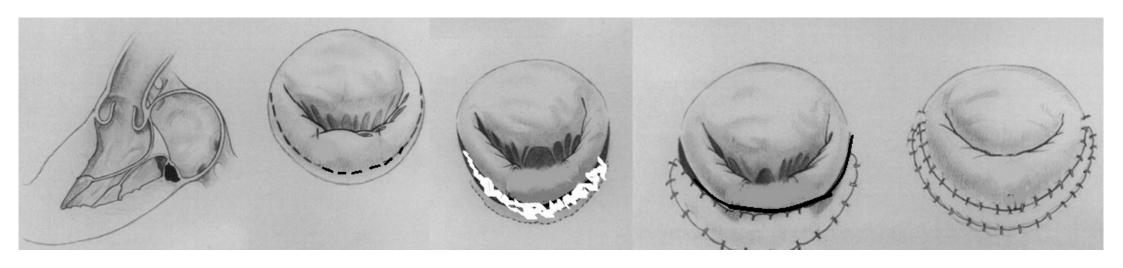






Alfieri O, Maisano F. J Cardiac Surg.1999;14:468-70.

Mitral Annulus Reconstruction for MAC or Abscess



David TE et al. Circulation. 1987: 76(III): III102-107.









Mitral Annulus Reconstruction

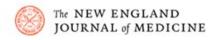






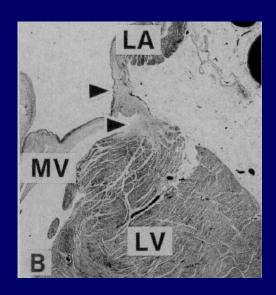


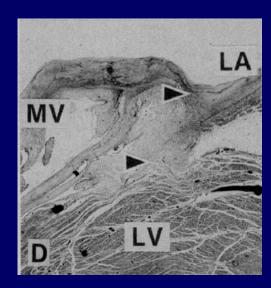
DOI: 10.1056/NEJM198602273140902

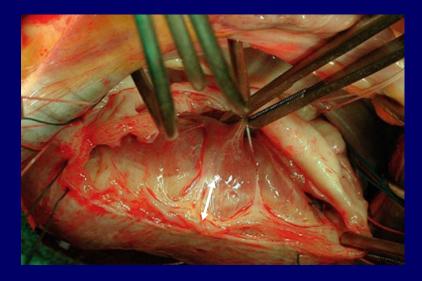


The Association of Floppy Mitral Valve with Disjunction of the Mitral Annulus Fibrosus

Grover M. Hutchins, M.D., G. William Moore, M.D., Ph.D., and Dagna K. Skoog, M.D.







MITRAL ANNULUS

Legends:

LAW = left atrial wall

CS = Coronary sinus

MA = Mitral annulus

LVW = left ventricular wall

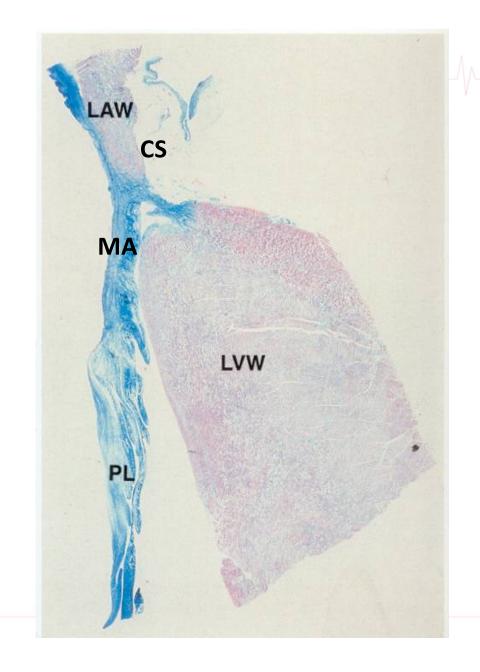
PL = Posterior leaflet









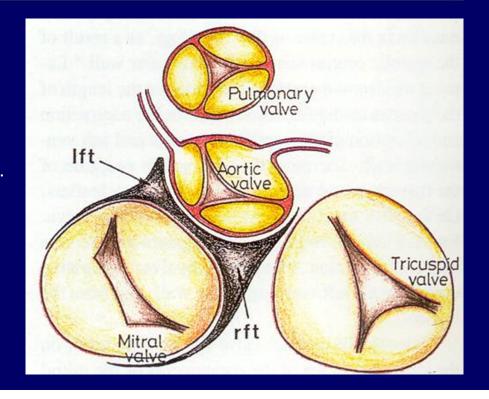




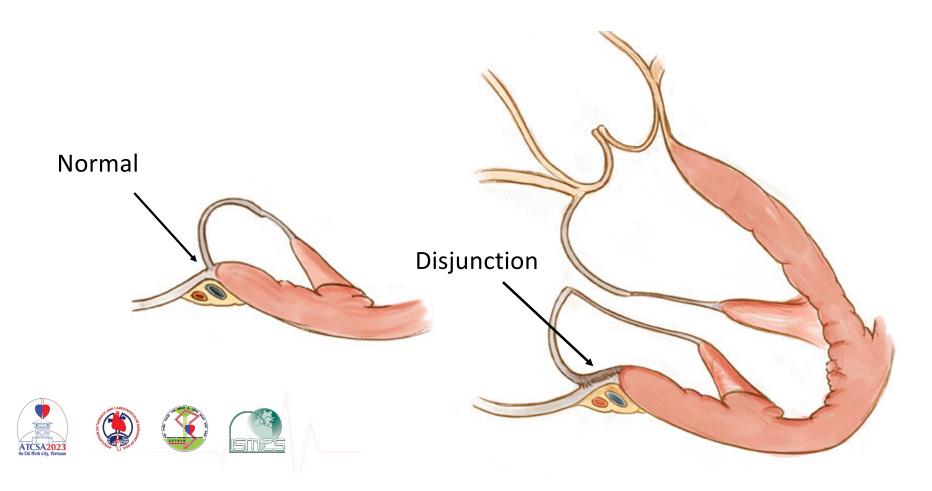
The Association of Floppy Mitral Valve with Disjunction of the Mitral Annulus Fibrosus

Grover M. Hutchins, M.D., G. William Moore, M.D., Ph.D., and Dagna K. Skoog, M.D.

Letter to the Editor: Angelini A, Ho SY, Anderson RH, Becker AE, Davies MJ. N Engl J Med. 1988;318:188-9



Advanced Myxomatous Disease Mitral Annulus Disjunction



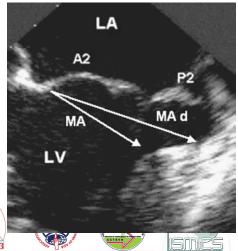
ACQUIRED CARDIOVASCULAR DISEASE

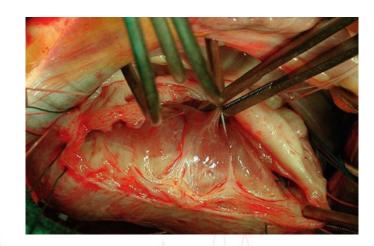
Mitral valve repair for advanced myxomatous degeneration with posterior displacement of the mitral annulus

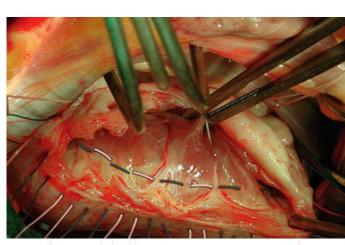
Andrew E. Newcomb, FRACS, Tirone E. David, MD, Vidyadhar S. Lad, FRCS, Jerzy Bobiarski, MD, Susan Armstrong, MSc, and Manjula Maganti, MSc

J Thorac Cardiovasc Surg 2008;136:1503-9

 $1990 - 2005 \rightarrow 1032$ patients with MV prolapse \rightarrow 183 patients with MAD (mean age 52 years; 36% women) 69% bileaflet prolapse. Median follow-up 5.9 years



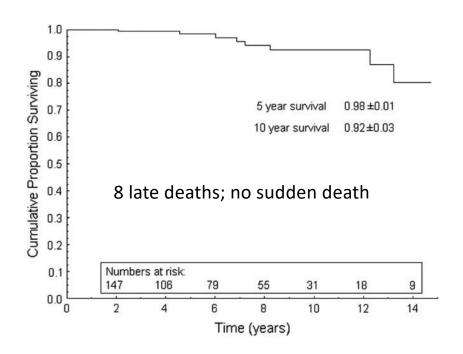




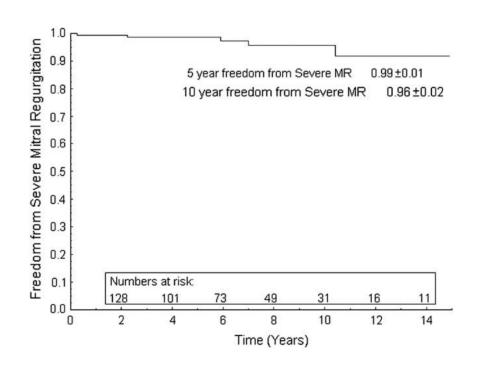


MV Repair for Advanced Myxomatous Degeneration - MAD

Patients' survival



Freedom from severe MR











J Thorac Cardiovasc Surg 2008;136:1503-9

MV Repair Beyond Carpentier's Techniques









MV Repair Beyond Carpentier's Techniques

MR due to leaflet prolapse is frequently associated with annular dilatation

Annuloplasty is important for a durable repair

→ Is the type of ring or band important?









Mitral Annuloplasty Rings & Bands



... and many others

Mitral Annuloplasty: Rigid vs. Flexible

I use a 63 mm posterior flexible band for all cases of degenerative disease"

Hartzell Schaff

"I use a 50 mm long posterior band for all cases" *Antonio Calafiori*

"It is not the ring... It is the ringer"

Steven Bolling









David TE et al - Ann Thorac Surg 2014;98:1551-6

Mitral Annuloplasty for MR Due to Leaflet Prolapse

The type of annuloplasty device has no effect on the durability of MV repair

David TE et al. - Circulation 2013; 127:1485-92

Baccelli A. et al. Ann Thorac Surg. 2021; 112: 756-62

Del Forno B et al. – Ann Thorac Surg 2023; 115:421-7









MV Repair for MR Due to Leaflet Prolapse

DEGENATIVE MV DISEASES

- Fibroelastic deficiency
- Myxomatous degeneration
- Dystrophic calcification of the mitral annulus

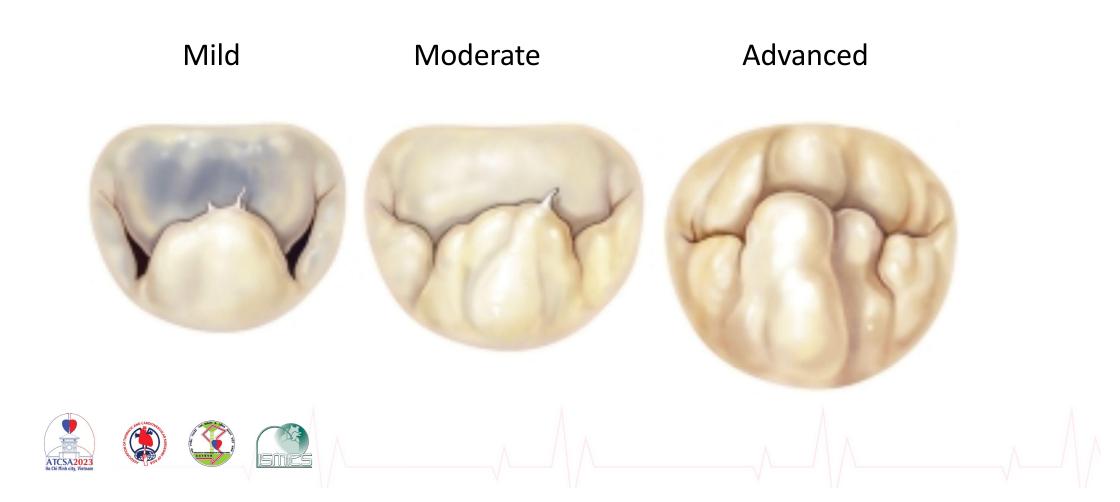




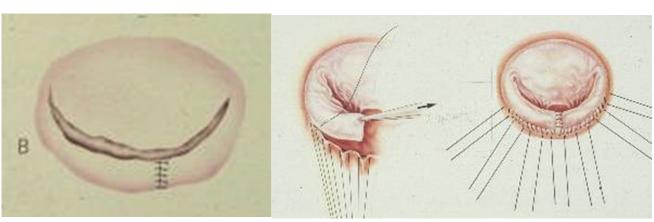


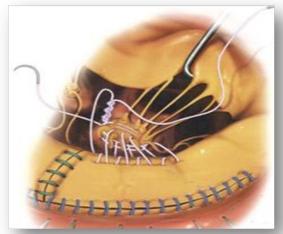


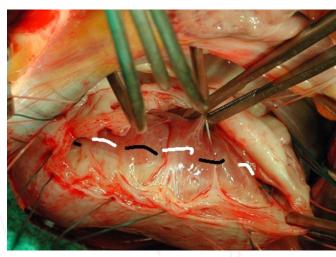
Myxomatous Degeneration of the MV



Myxomatous Degeneration: Mild → Advanced (...MAD)



















Intraoperative Complications of MV Repair

Persistent MR: Moderate → Back on the pump: re-repair

 $Mild \rightarrow Residual prolapse?$

Restricted leaflet?

Systolic anterior motion → MR?

Gradient?

Wall motion abnormality → MV repair: circumflex

TV repair: right coronary artery









Mitral Valve Prolapse and Sudden Cardiac Death

Malignant MVP: bileaflet prolapse \rightarrow MAD

female gender

frequent complex PVCs

Sriram CS et al. J Am Coll Cardiol 2013;62:222-30

Basso C et al. Circulation. 2015;132:556-66

Dejgaard LA et al. JACC 2018;72:1600-9









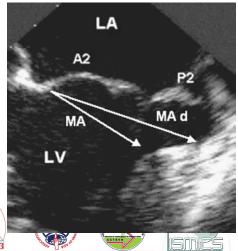
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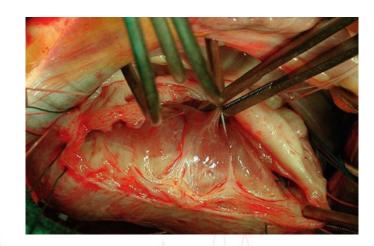
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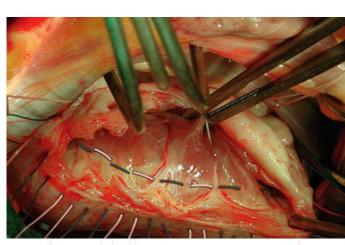
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JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY
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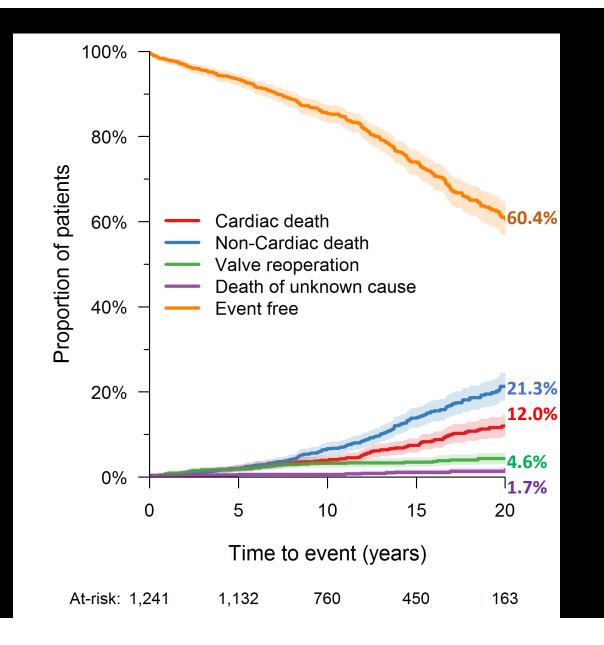
Long-Term Results of Mitral Valve Repair for Regurgitation Due to Leaflet Prolapse



Tirone E. David, MD, Carolyn M. David, BA, Wendy Tsang, MD, Myriam Lafreniere-Roula, РнD, Cedric Manlhiot, РнD

1,234 patients; mean age 59 years; 70.4% men Median follow-up: 13 years (159 patients at risk at 20 years) Echocardiography median follow-up: 11 years; 96% complete

JACC - 2019;74:1044-53



MV Repair:

Summary of outcomes

David TE et al. JACC 2019;74:1044-53

MV Repair – Recurrent Moderate or Severe MR Results of Multivariable Analysis

	OR (95% CI)	p Value
Moderate or severe mitral regurgitation		
Time (1-yr increment)	1.087 (1.064-1.112)	< 0.001
Age (5-yr increment)	1.210 (1.100-1.329)	< 0.001
Pre-operative complete heart block	4.403 (1.852-10.471)	<0.001
Mitral annuloplasty ring (ref: posterior band)		
No ring	2.168 (1.225-3.836)	0.008
Carpentier	1.146 (0.631-2.080)	0.65
Duran	1.609 (0.959-2.699)	0.072
Degree of myxomatous degeneration (ref: mild)		
Moderate	1.258 (0.821-1.927)	0.292
Severe	2.885 (1.732-4.806)	< 0.001

MV Repair: Sudden Death - Multivariable Analysis

Sudden cardiac death	OR (95% CI)	
Left ventricular ejection fraction (ref: >60%)		
40%-59%	4.015 (1.705-9.454)	0.002
<40%*	_	_
Leaflet prolapse (ref: posterior leaflet only)		
Anterior leaflet only	0.737 (0.219-2.478)	0.62
Both leaflets	0.188 (0.056-0.635)	0.007

Patients with MR Due to Leaflet Prolapse

Preoperative assessment:

Palpitations \rightarrow Holter monitor $VT \rightarrow CMR$ with gadolinium enhancement

 $ECG \rightarrow Inverted T wave inferior wall \rightarrow CMR?$

 $\overline{MAD} \rightarrow Holter \rightarrow CMR$

Surgery: MV repair + correction of MAD
Ablation of base of arrhythmogenic area? AICD?

Thank you







