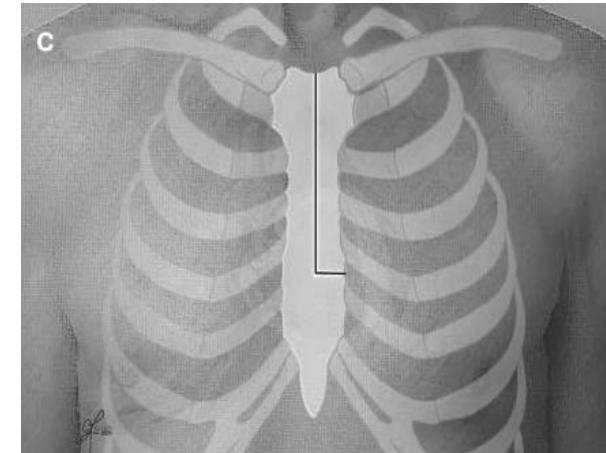
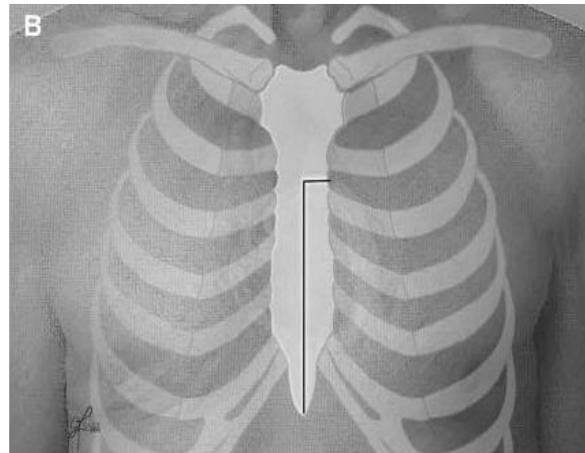
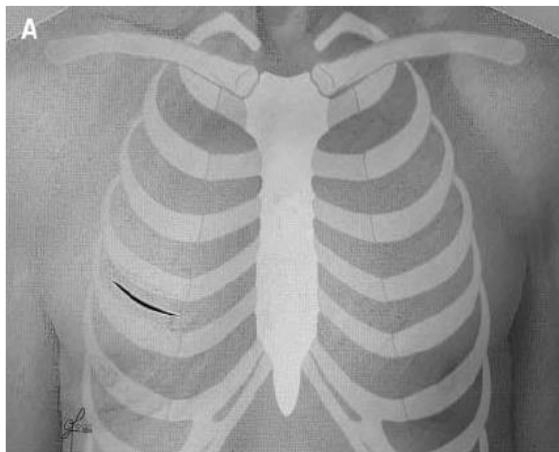
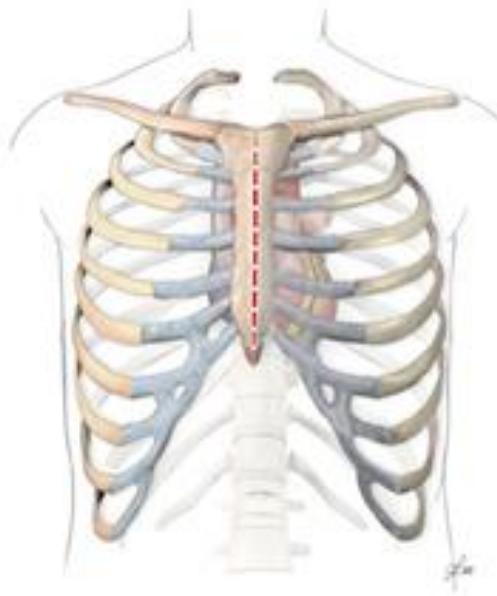


Indication & techniques of Mitral valve surgery

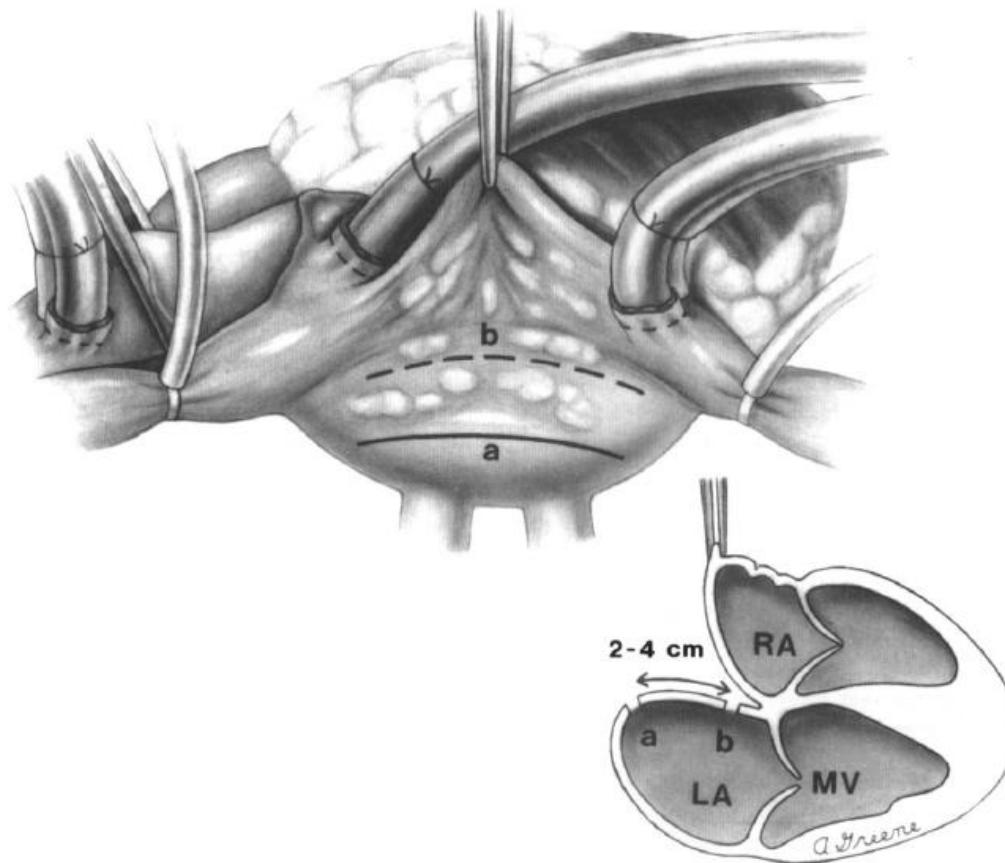
경북대학교병원
김 근직

Mitral exposure



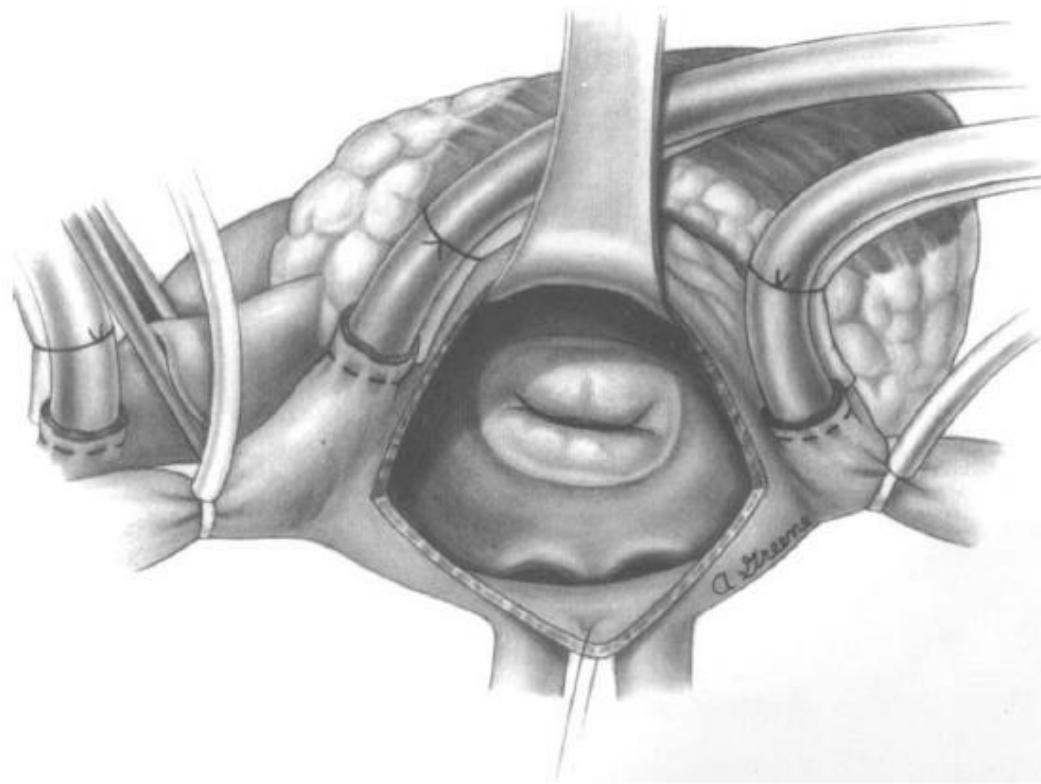
Mitral exposure

Vertical left atriotomy

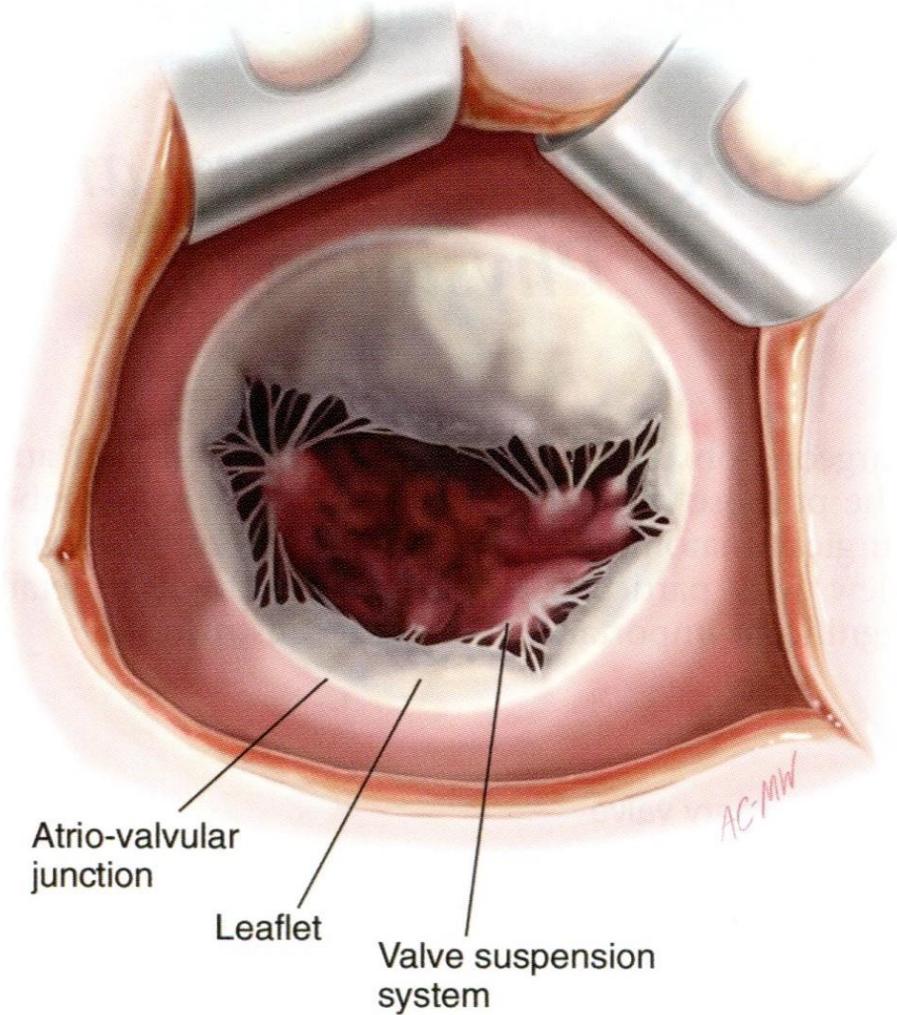


Mitral exposure

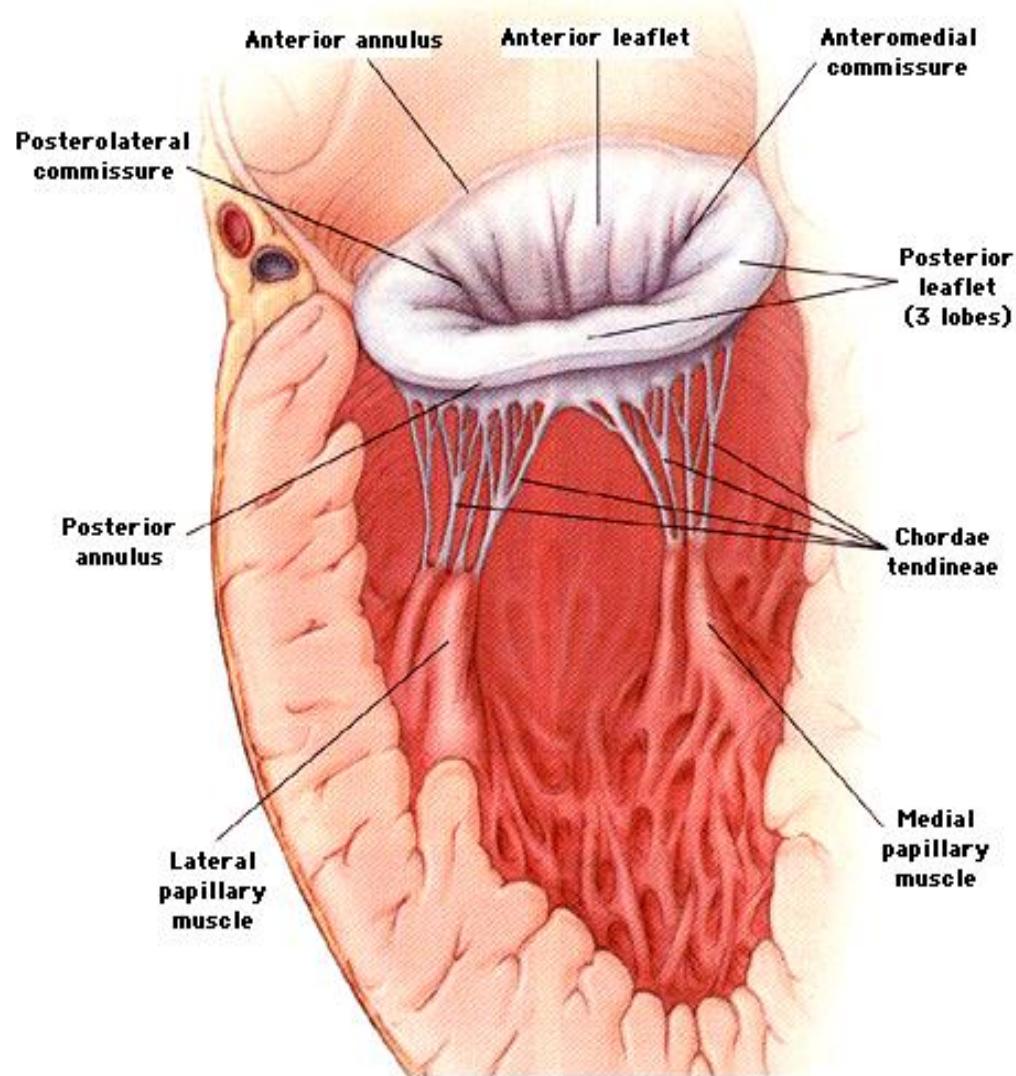
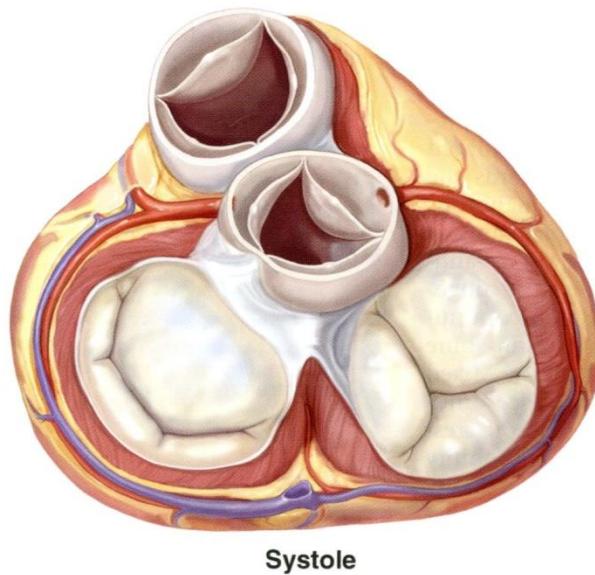
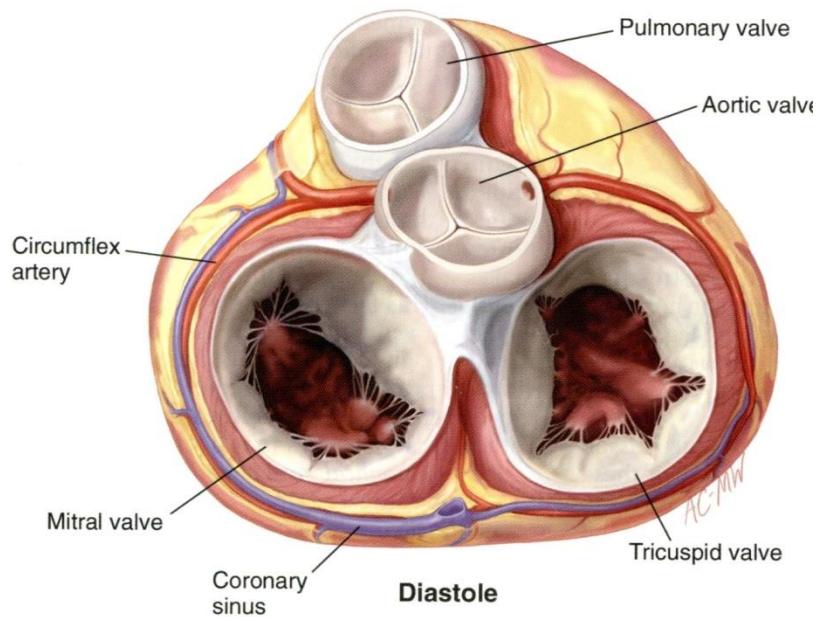
Vertical left atriotomy



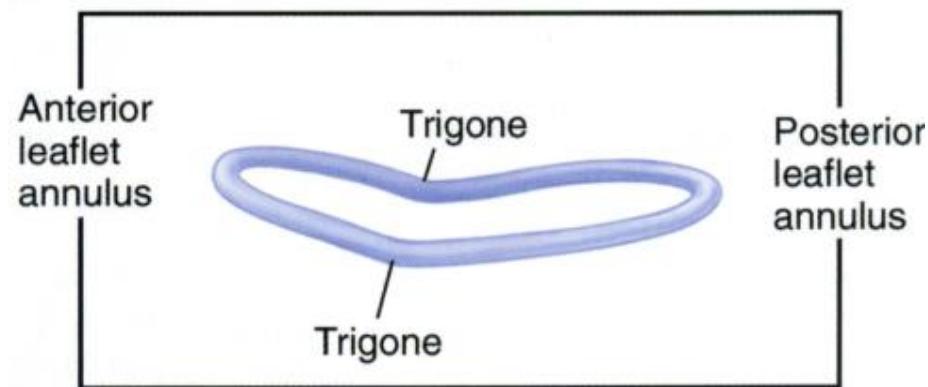
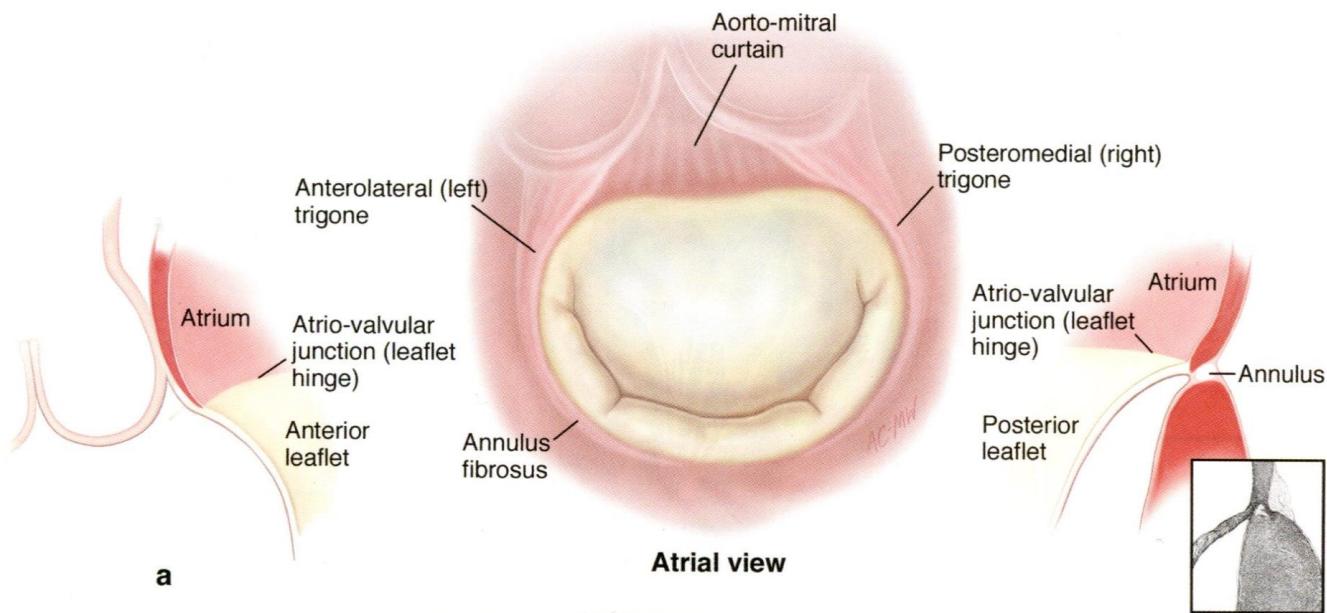
Anatomy of Mitral valve



- **Atrio-valvular junction**
- **Leaflet**
- **Suspension system**
 - Chordae
 - Papillary muscle



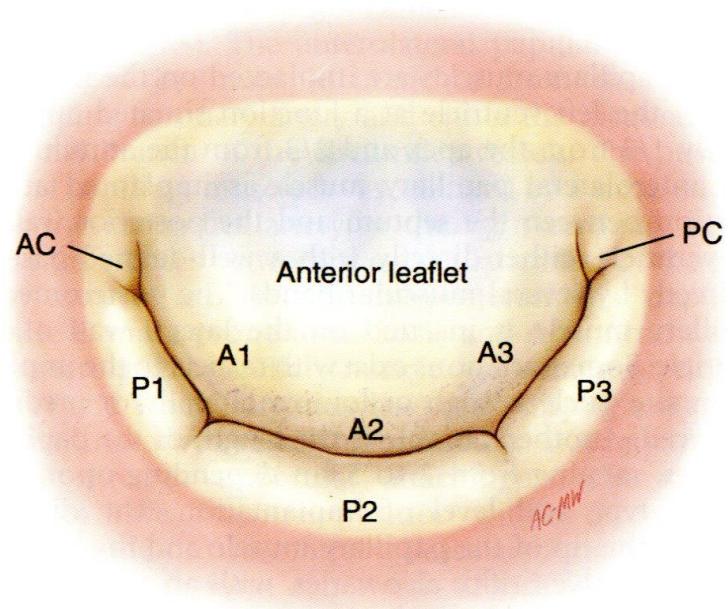
Annulus



Leaflet

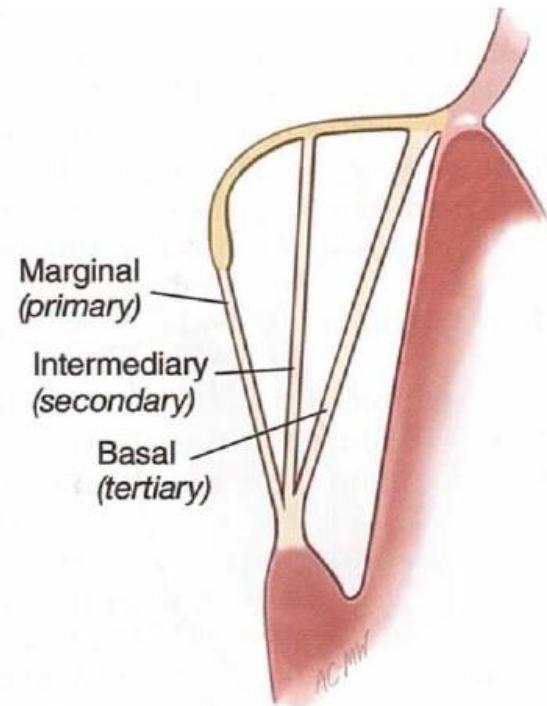
- **Anterior leaflet** : triangular – A1, A2, A3
- **Posterior leaflet**(indentation)
 - P1, P2, P3

- AL commissure
- PM commissure



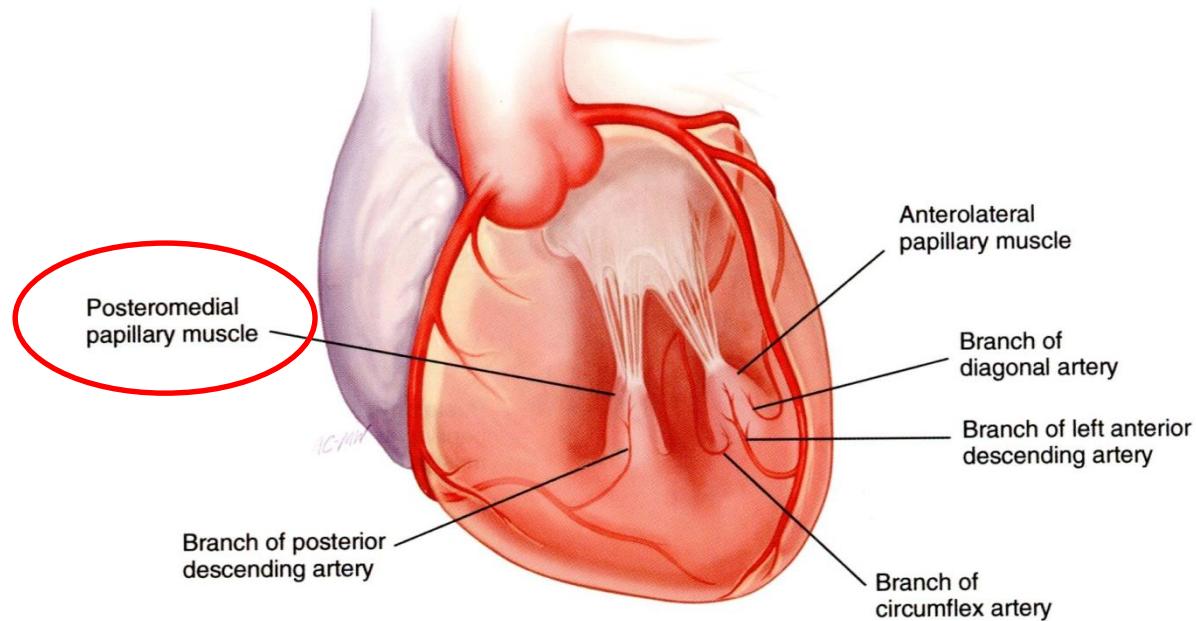
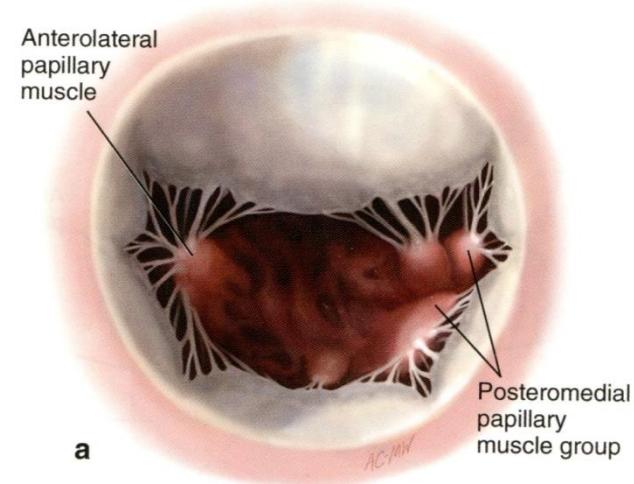
Chordae

- **Marginal(primary)**
: prevent eversion
- **Intermediary(secondary)**
: prevent doming
- **Basal(tertiary)**
: maintain geometry



Papillary muscle

- Anterolateral PM
- Posteromedial PM

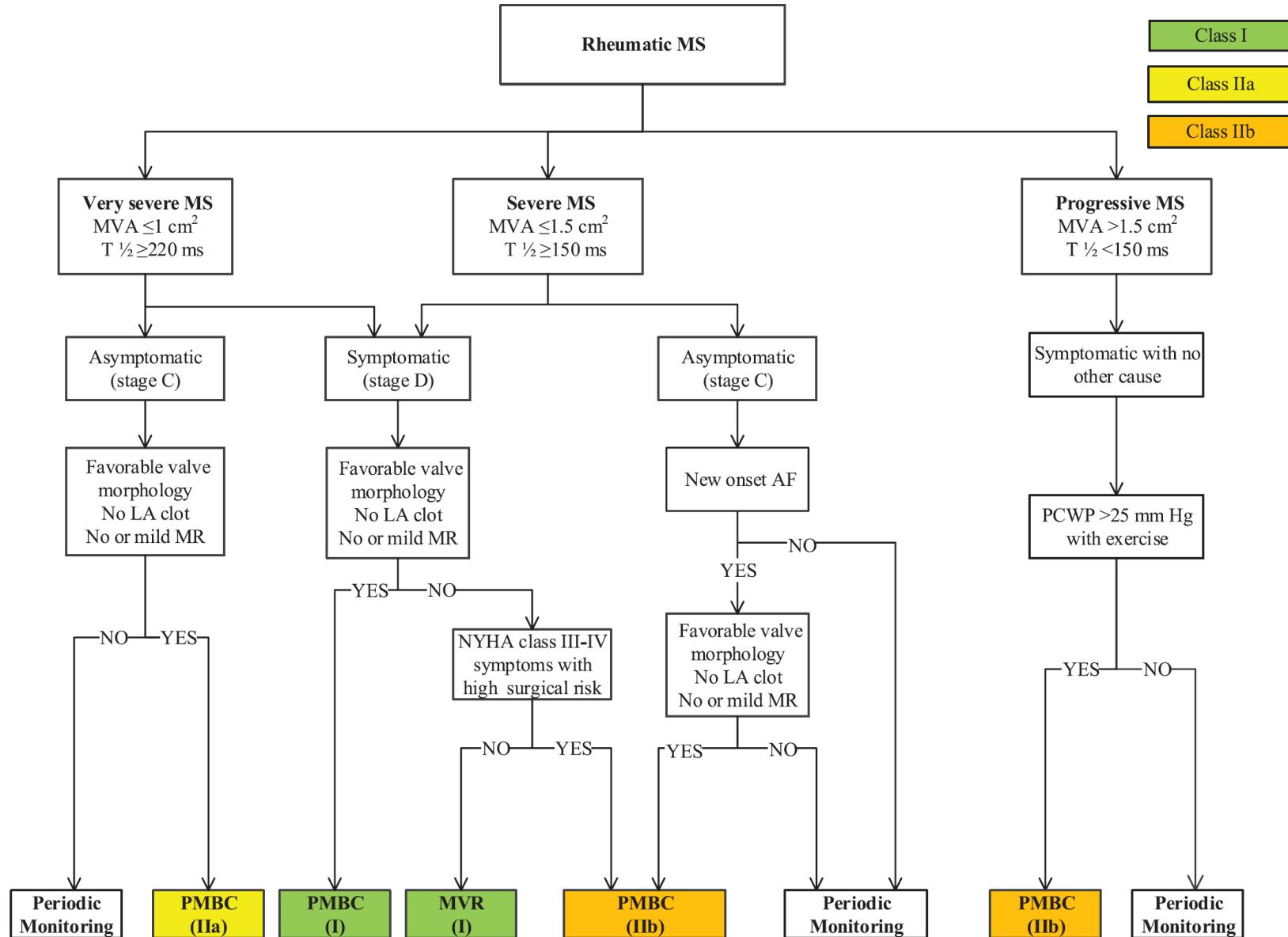


Mitral valve replacement

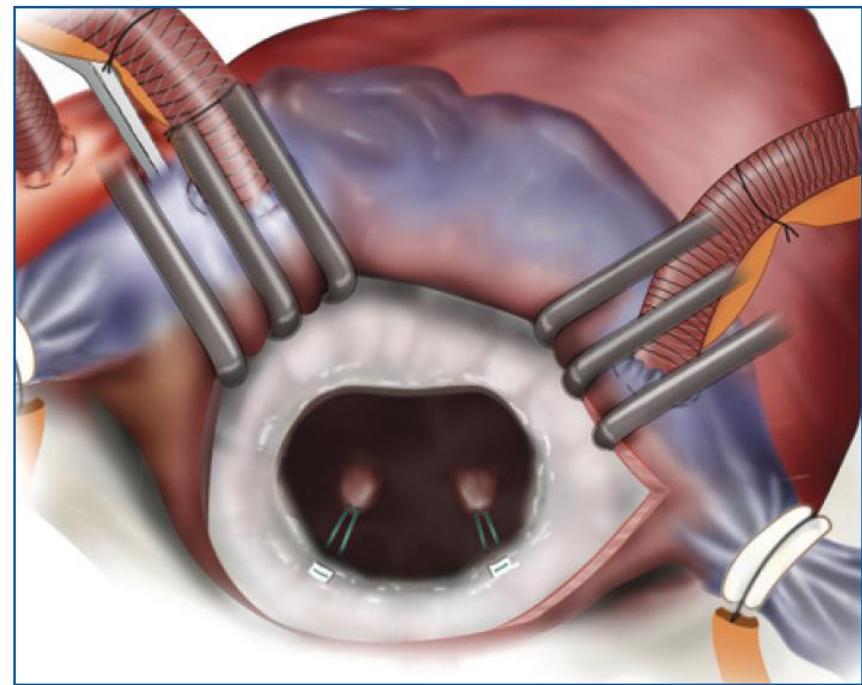
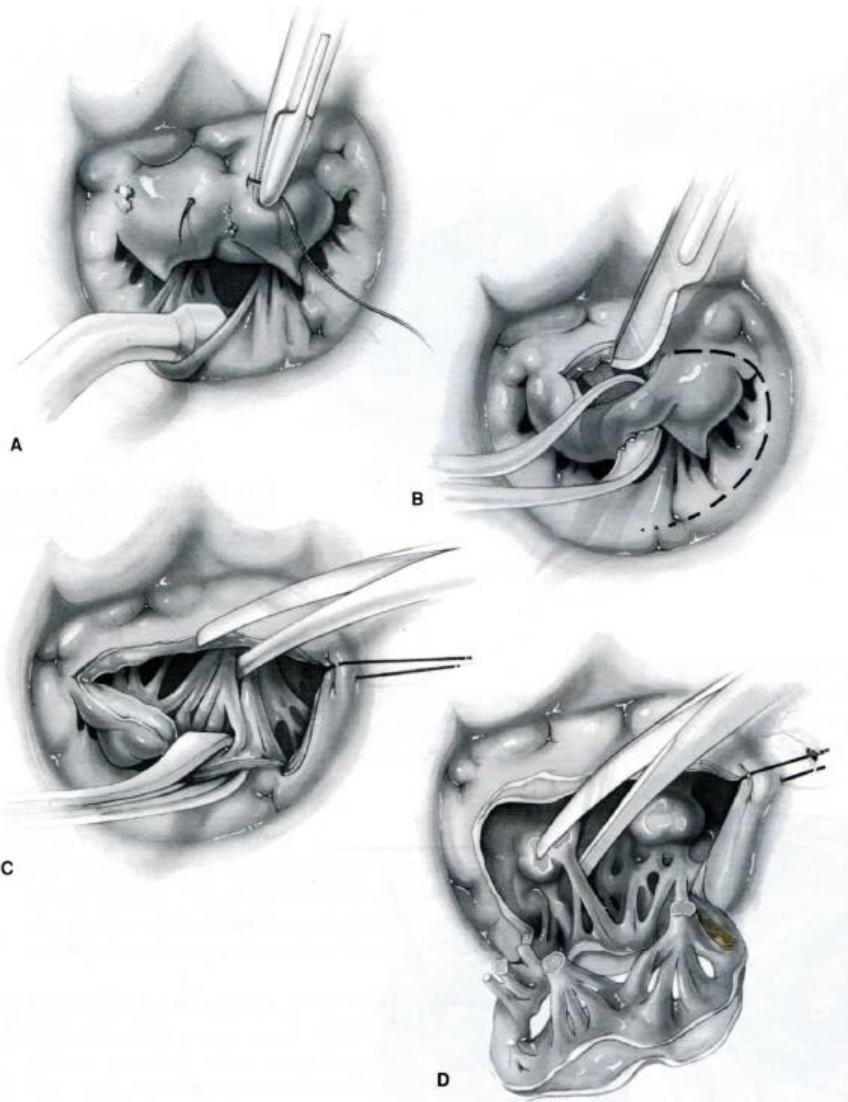
- ✓ Mitral stenosis
- ✓ Mitral regurgitation

Mitral stenosis

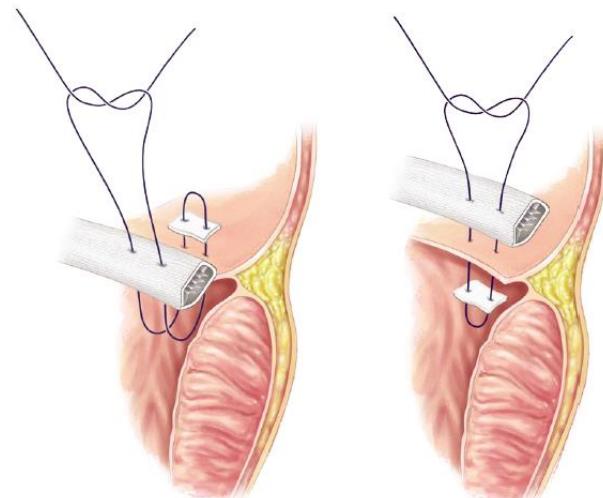
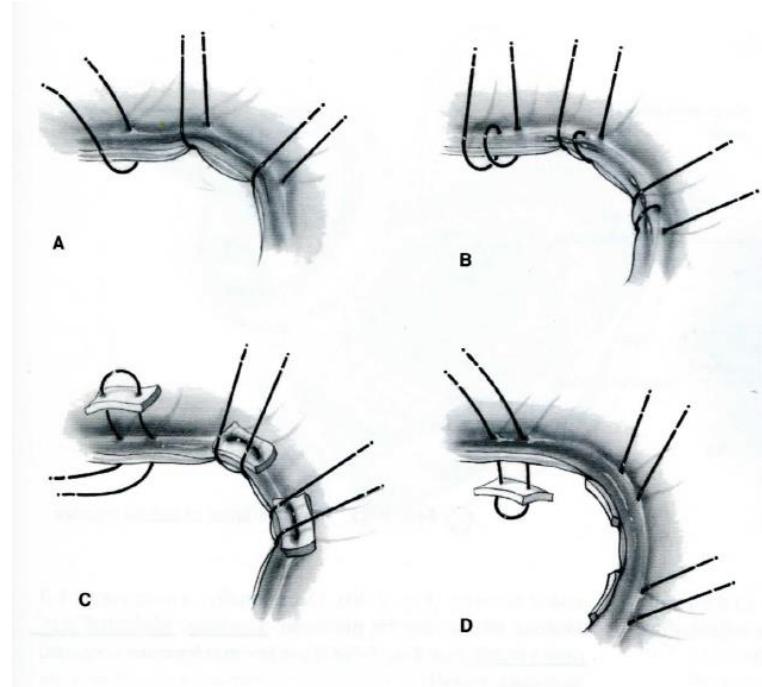
ACC/AHA 2014 guideline



Mitral valve excision



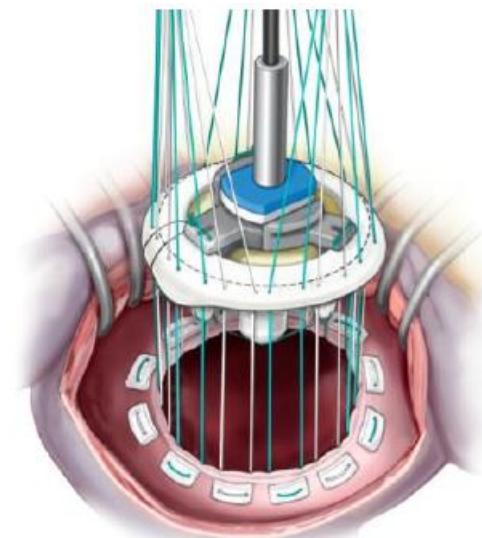
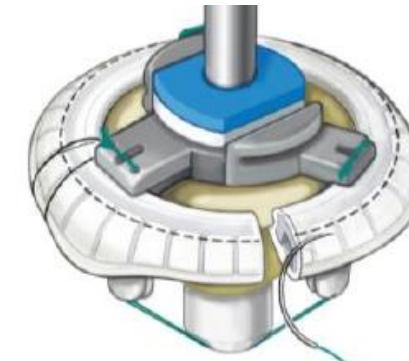
Valve suture insertion



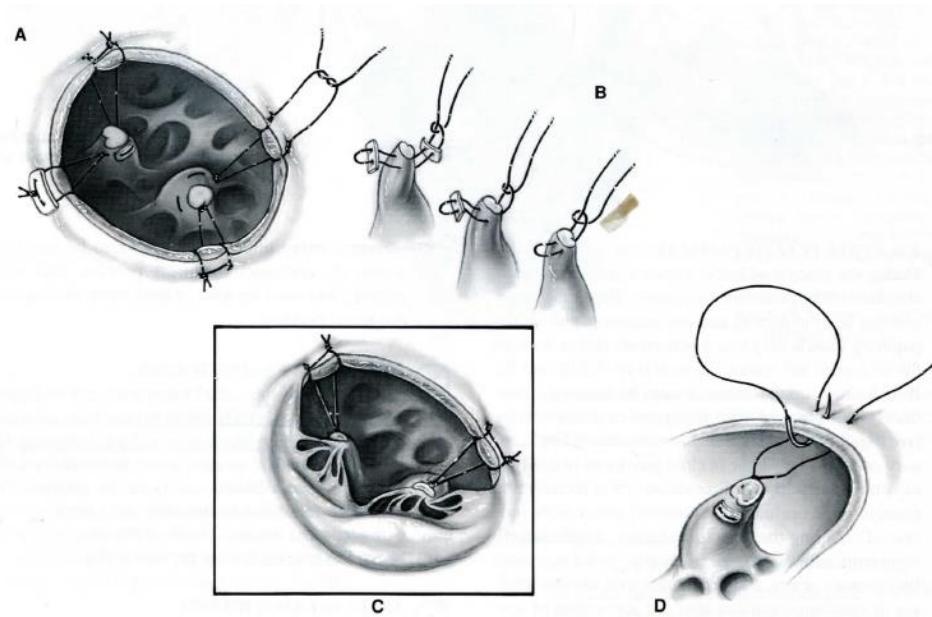
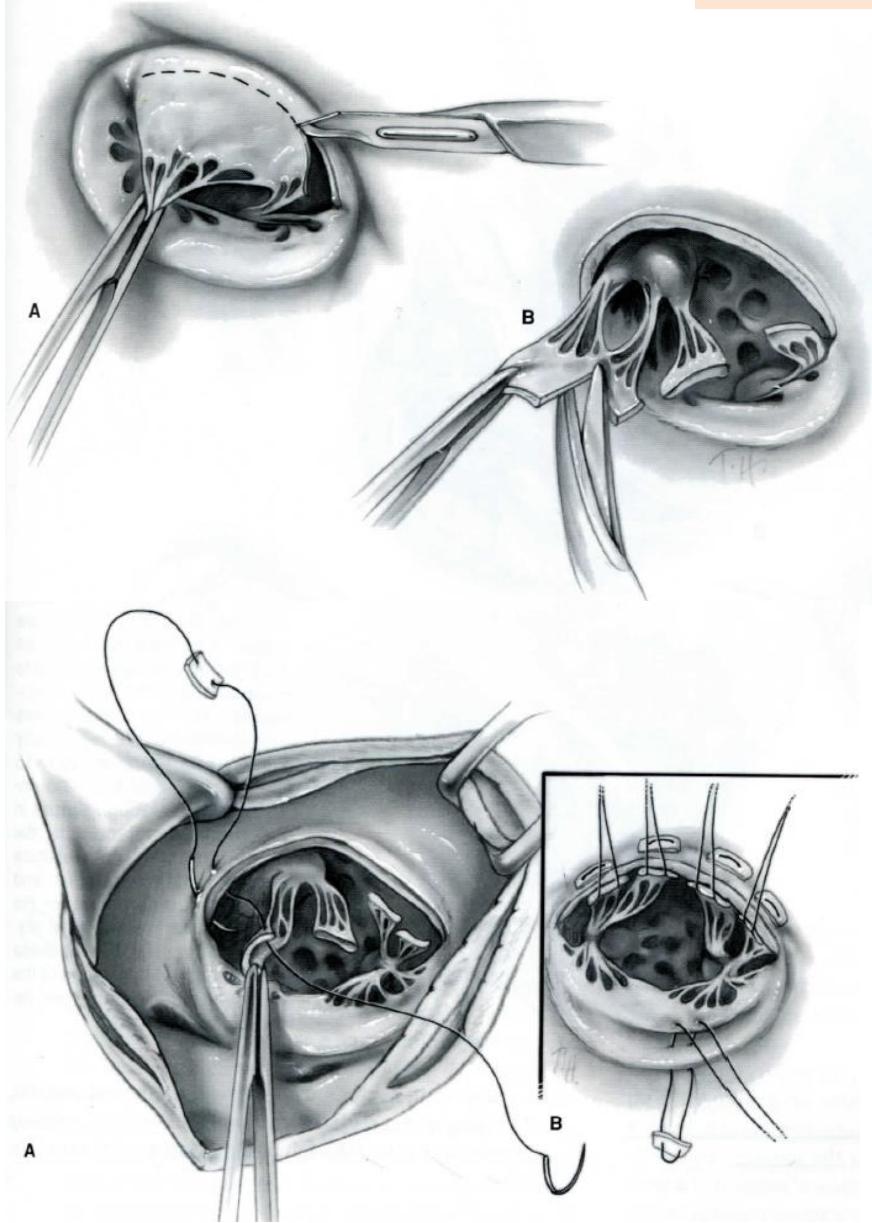
Atrial Placement

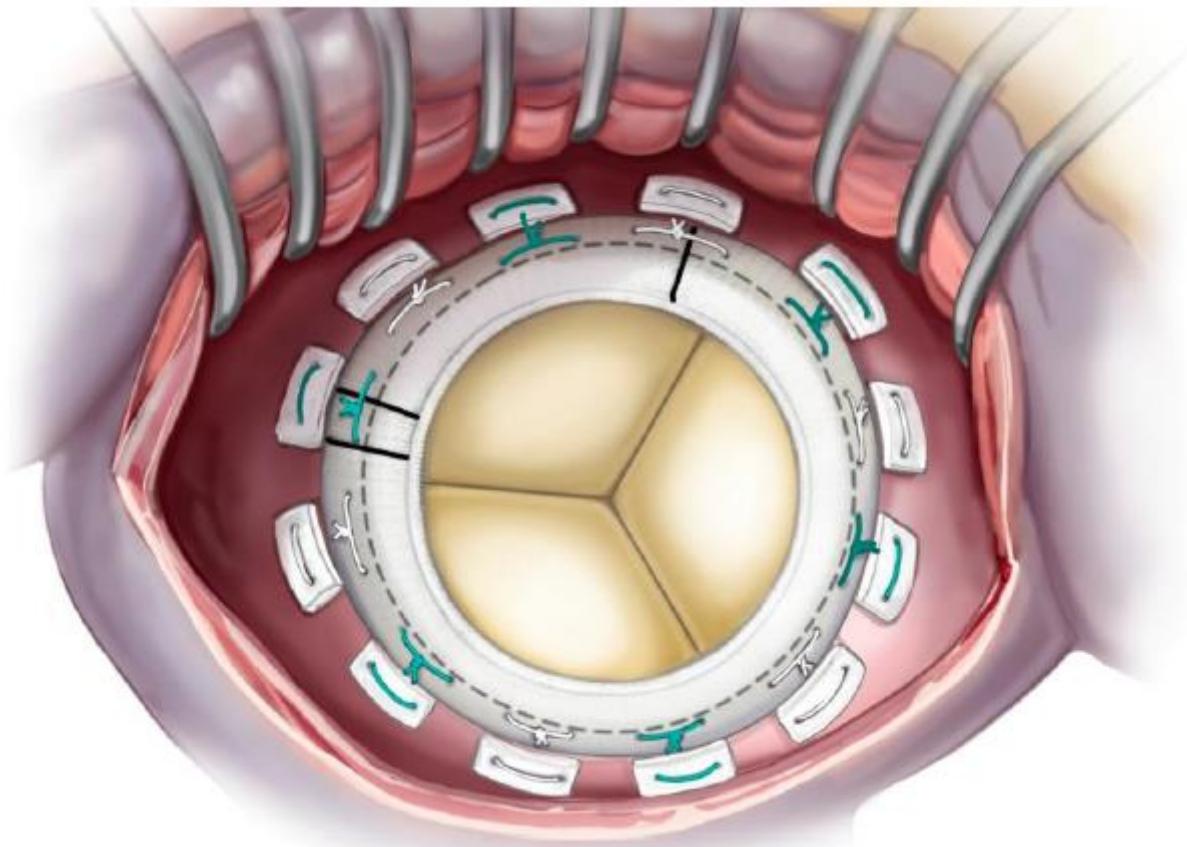
Ventricular Placement

Figure 9



Chordal preservation



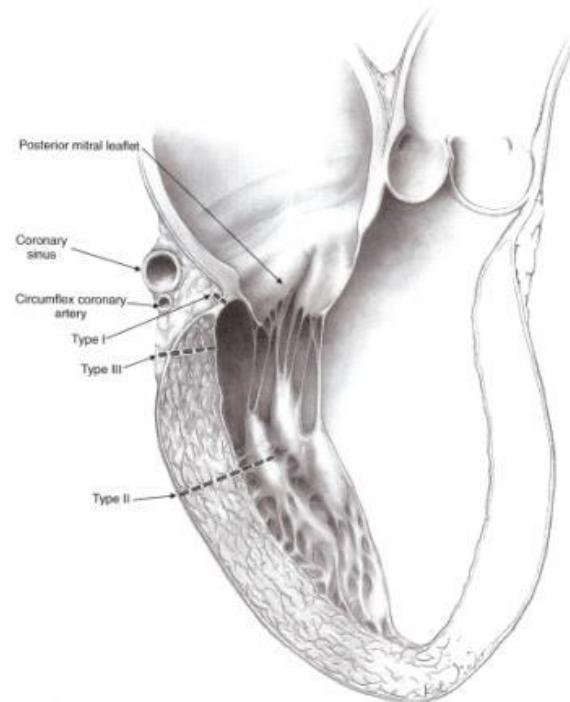


Complications after MV Replacement

- Thromboembolism
- Hemorrhage
- Endocarditis
- Arrhythmias
- Prosthesis malfunction
- Late cardiac failure
- LV rupture: untethered loop theory

Left Ventricular Rupture

- Cause
 - High profile tissue valve
 - Lesser subvalvular apparatus
 - Injuries during operation



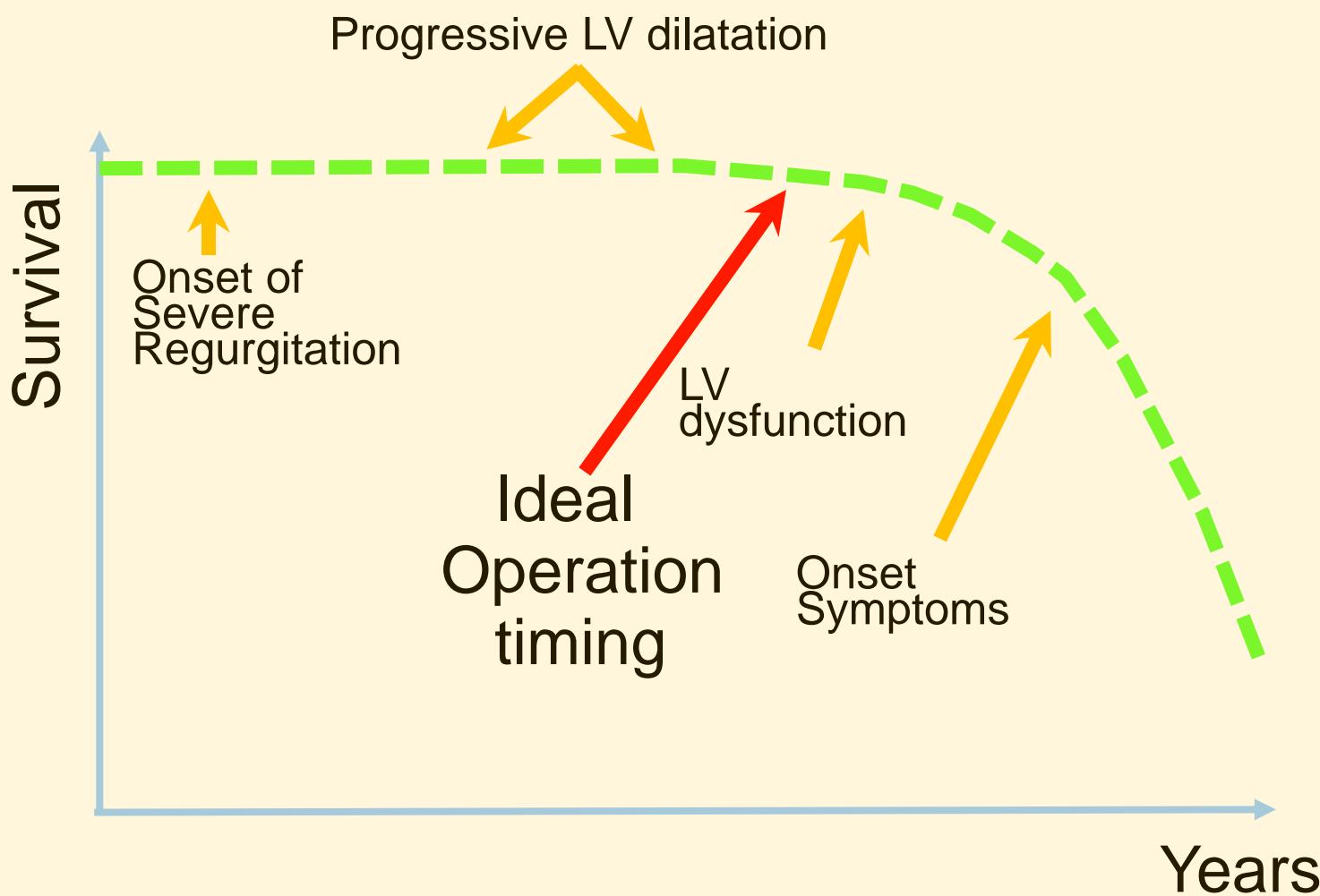
→ Should maintain **annulopapillary continuity**

Mitral valve repair

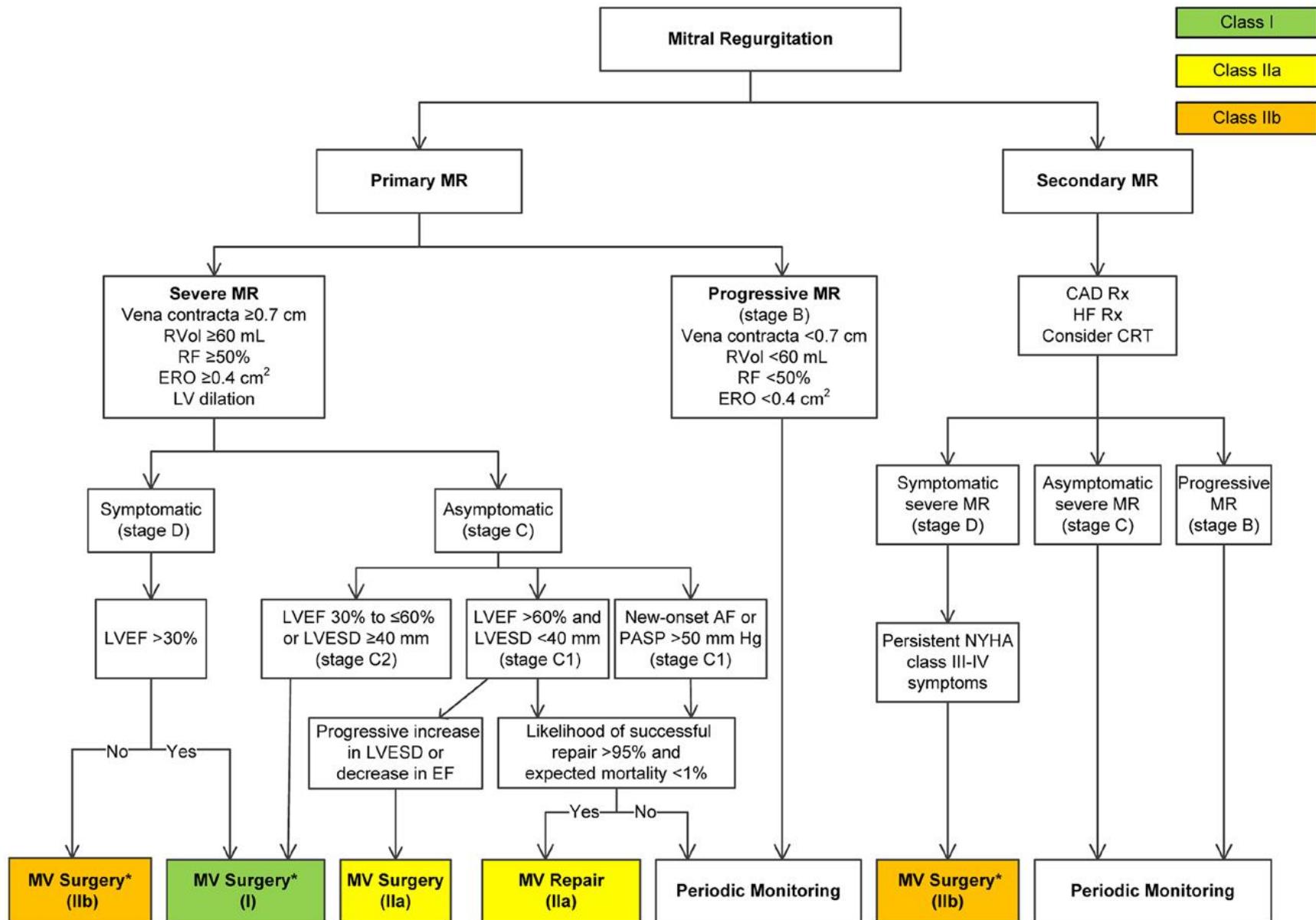
- ✓ Mitral regurgitation
- ✓ Mitral stenosis

Mitral regurgitation

Natural History



ACC/AHA 2019 guideline



Reconstructive Valve Surgery

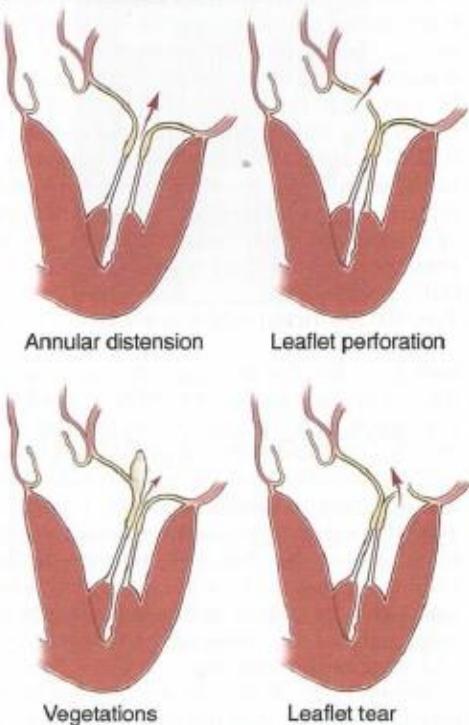
Three Fundamental Principles

1. Preserve or restore full leaflet motion
2. Create large surface of coaptation
3. Remodel the annulus

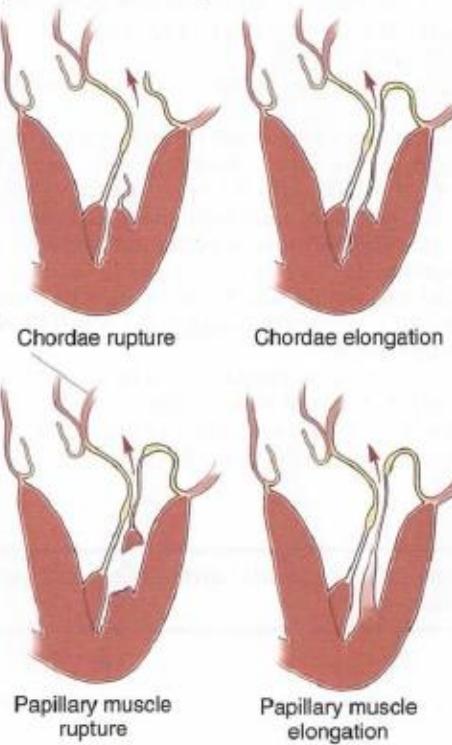
A. Carpentier. JTCS 1983;86(3):323-37

Carpentier's Classification

Type I - Normal Leaflet Motion

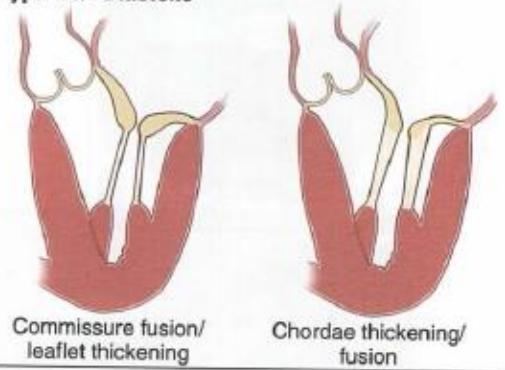


Type II - Leaflet Prolapse

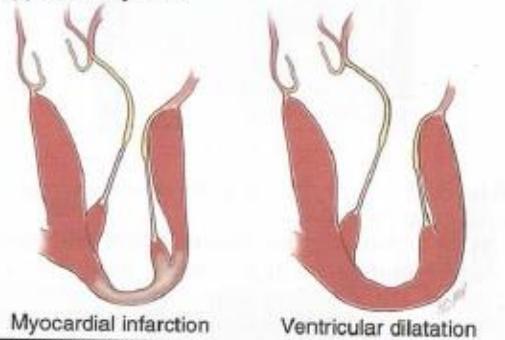


Type III Restricted Leaflet Motion

Type IIIa - Diastolic

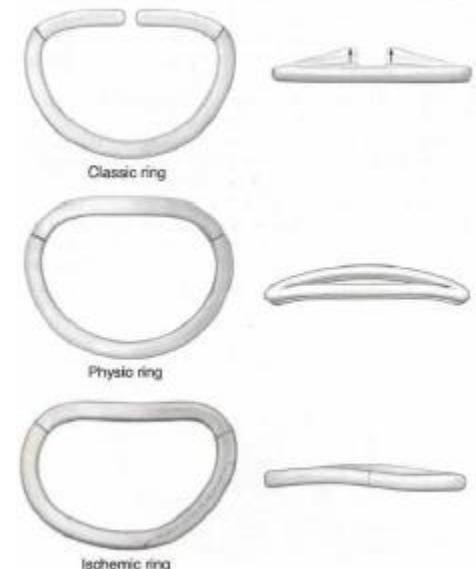


Type IIIb - Systolic



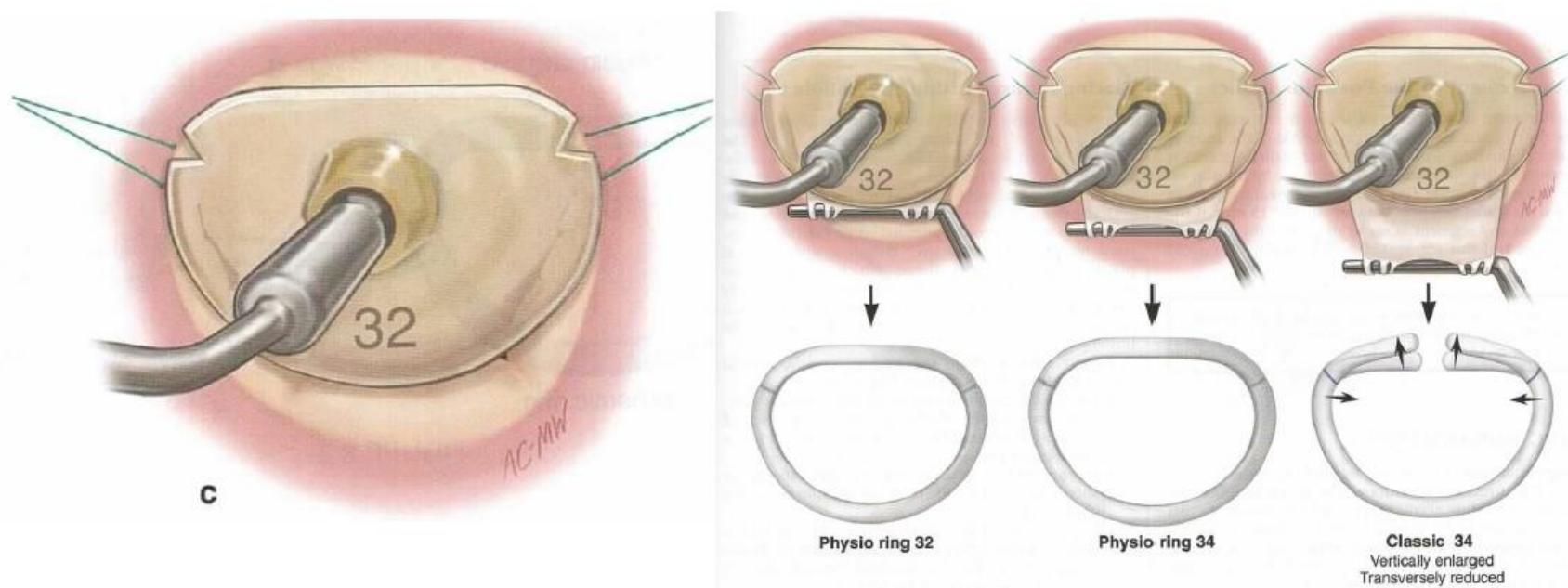
Annuloplasty ring

- Complete vs incomplete
 - Incomplete
 - Usually posterior annular dilatation
 - Leaflet repair itself reduce annular circumference
 - Difficult visualization of anterior annulus
 - Complete
 - Functional MR(to reduce annular circumference)
- Rigid, Semi-rigid, Flexible
 - Flexible ring
 - Physiologic movement of MV annulus
 - Valve distortion or orifice narrowing
 - Rigid ring : more prone to produce SAM
- Adjustable vs fixed



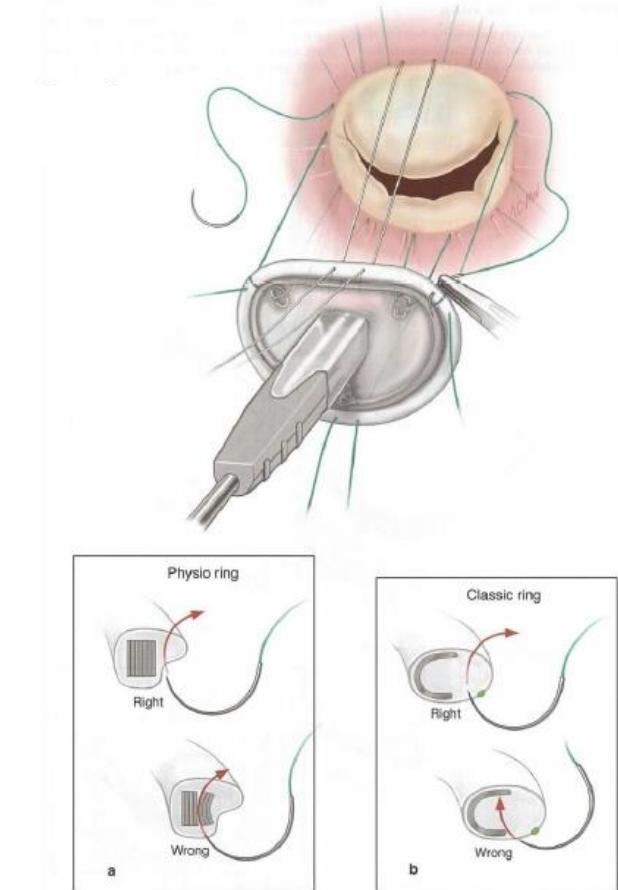
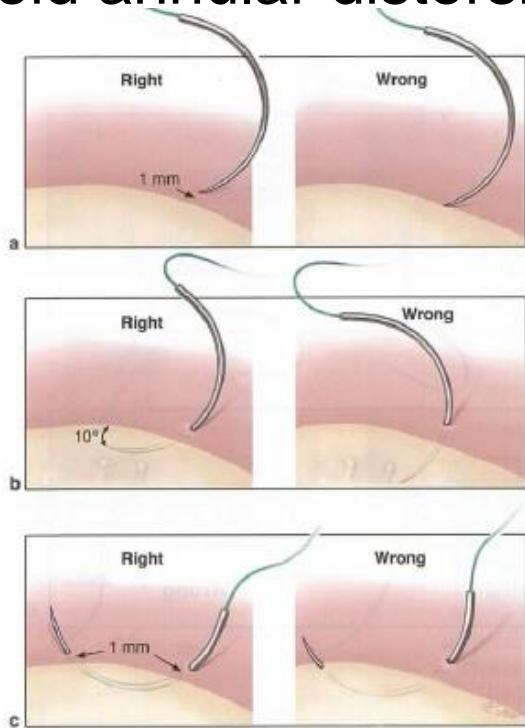
Ring sizing

- Measurement of anterior leaflet
- Commissure to commissure
- Height of anterior leaflet : partial ring?



Annuloplasty suture

- Suture within the annulus fibrosus
 - to avoid ring dehiscence
- Not to suture metallic core of ring
 - to avoid annular distortion

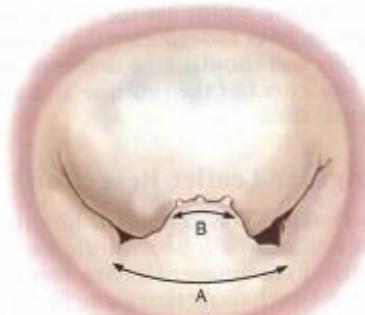


Pos

- **Triangular resection**: $<1/3$ of segment

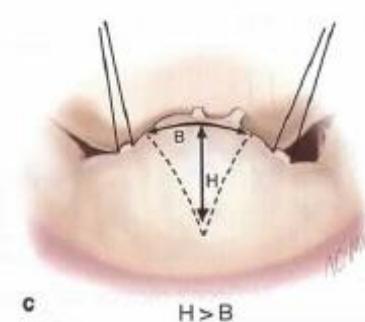


a



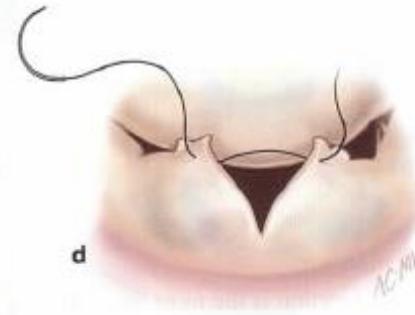
b

$$B \leq A/3$$



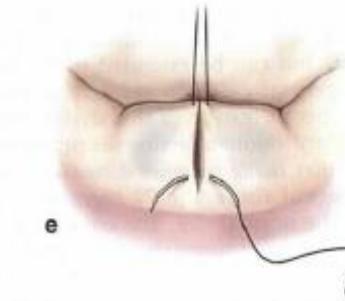
c

$$H > B$$



d

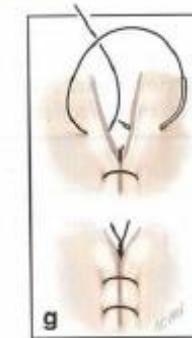
AC Min



e



f

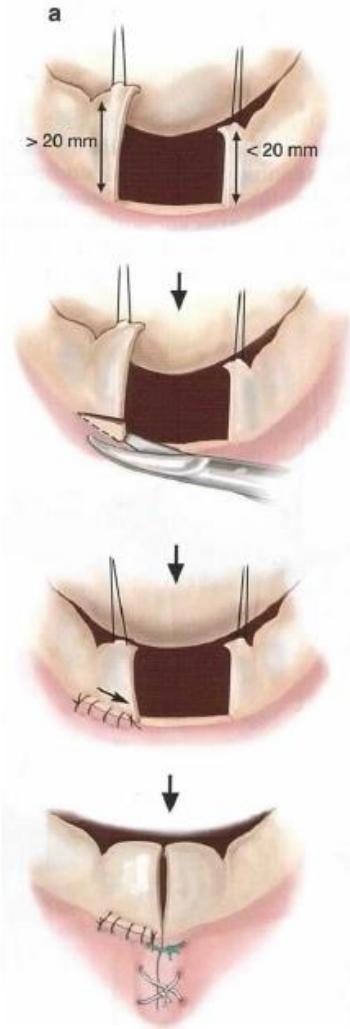
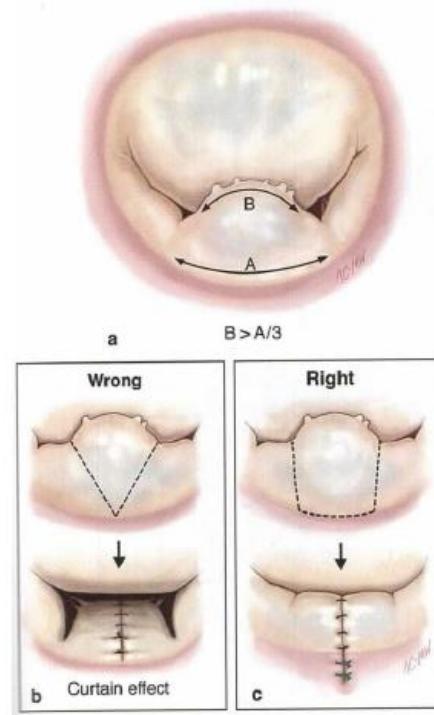


g

AC Min

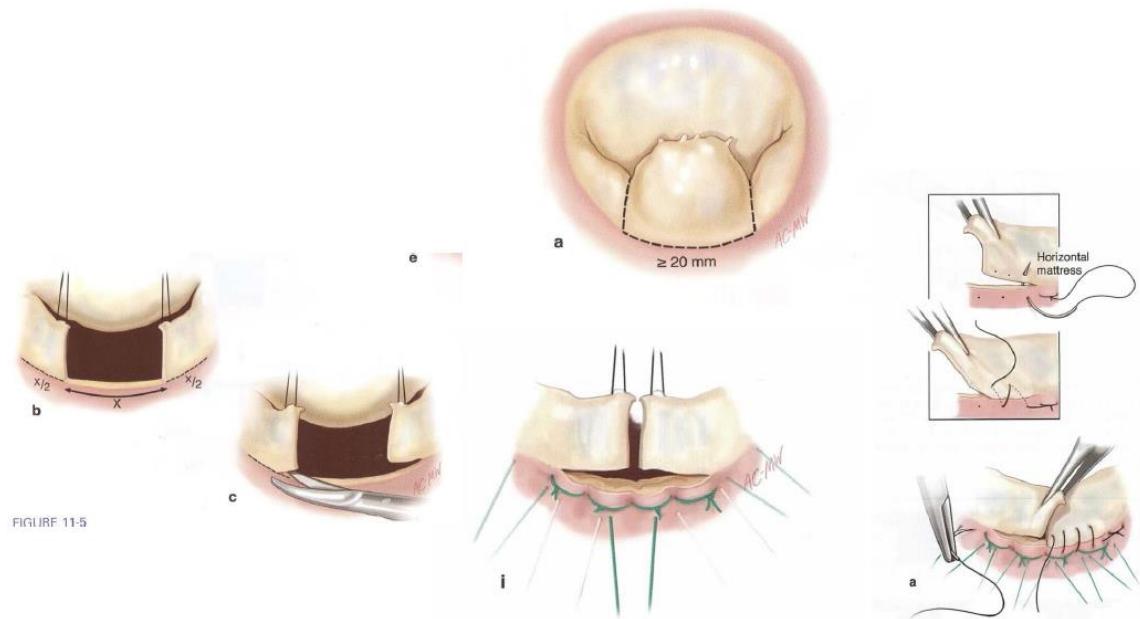
Posterior prolapse

- **Quadrangular resection**
: >1/3 of segment
Annular plication



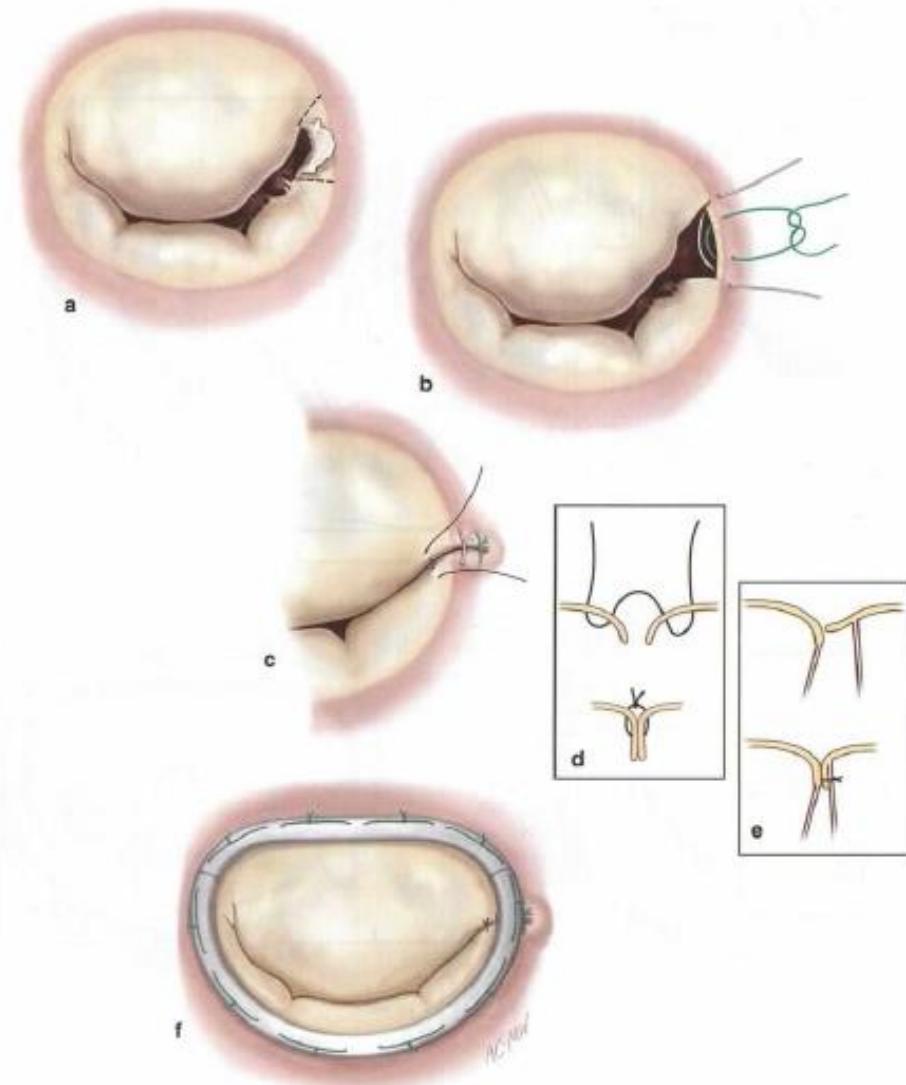
Posterior prolapse

- **Quadrangular resection+sliding annuloplasty**
: >30mm
Prevent SAM
Compression suture



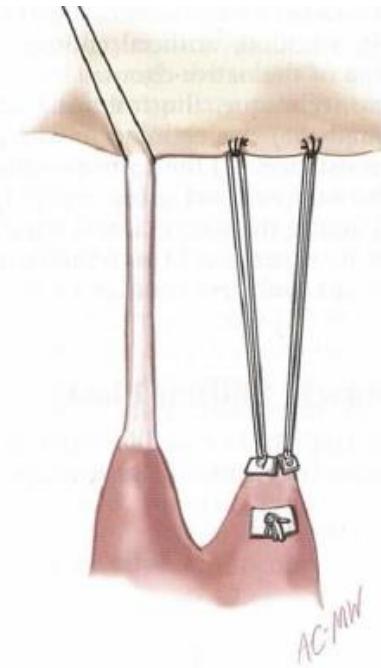
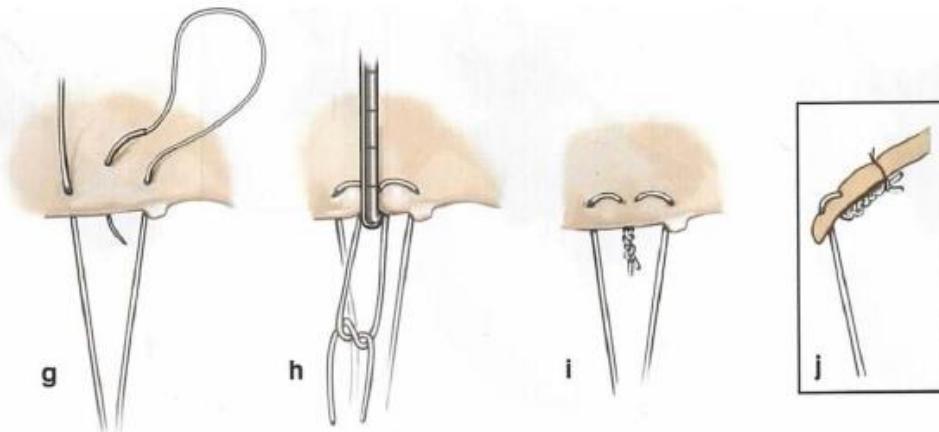
Commissural prolapse

- Commissural plication
- Triangular resection



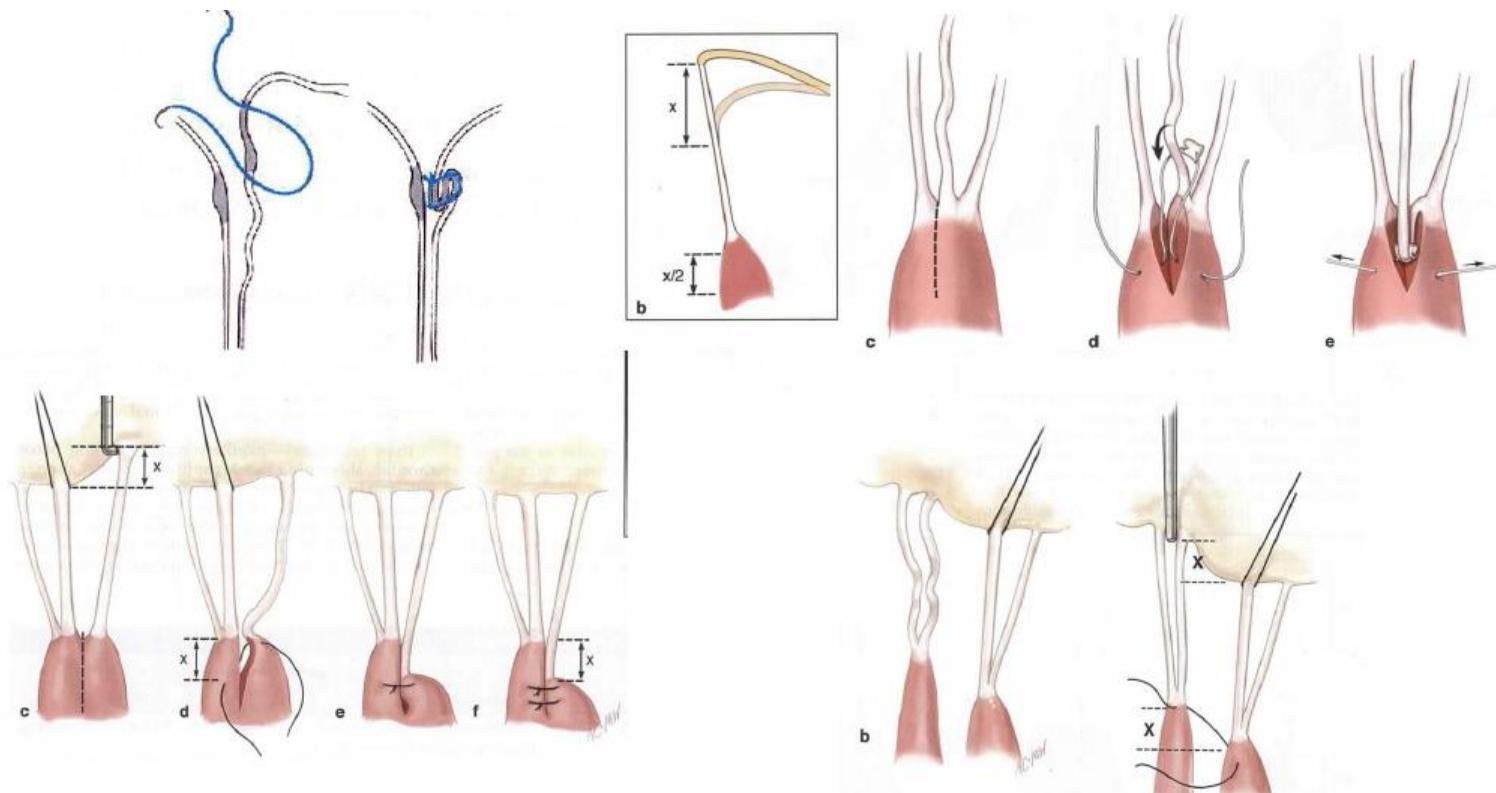
Anterior prolapse

- Long-term results : **posterior>>anterior**
- **Artificial chordae implantation**



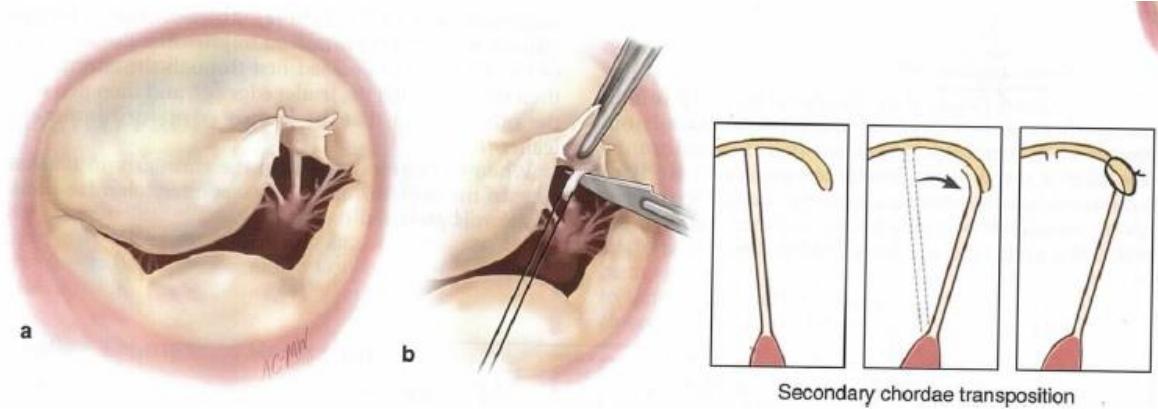
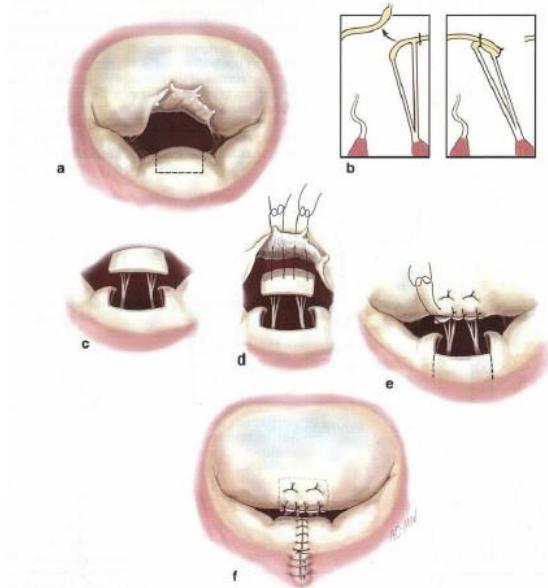
Anterior prolapse

- Chordae shortening
- Papillary muscle sliding plasty



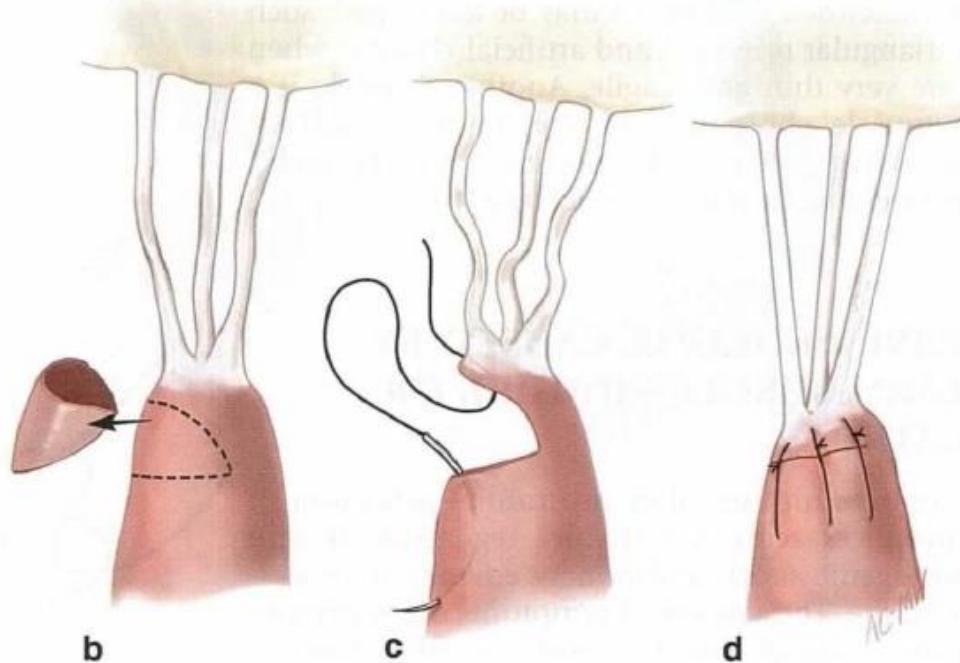
Anterior prolapse

- Chordae transfer
 - 2ndary chordae
 - Posterior chordae



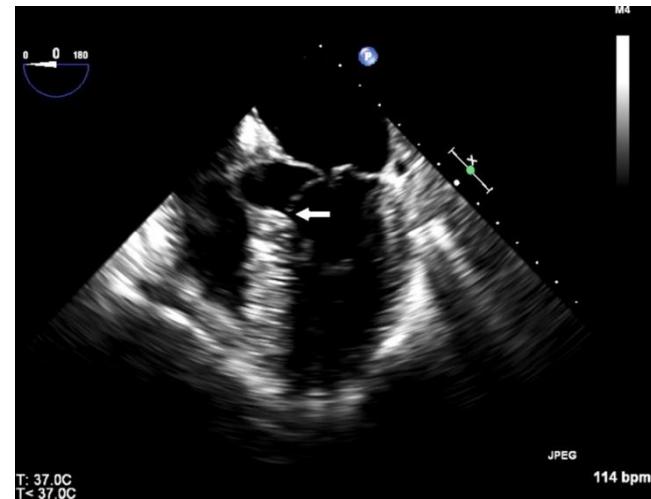
Anterior prolapse

- Papillary muscle shortening



SAM(Systolic Ant Motion)

- depend on **hemodynamic status**
- Risk factors
 - **Excess valvular tissue**
 - **Undersized annuloplasty**
 - Narrow aorto-mitral angle
 - Hyperkinetic small ventricle
 - Septum bulging
 - Abn. Configuration of Ant. leaflet



SAM-Medical Therapy

- Usually associated with
 - Hypotension
 - Hypovolemia
 - Small ventricular cavity
 - Ventricular hypertrophy
 - Hyperdynamic state(eg, catecholamine)
- Treatment
 - Withdrawal of inotrops
 - Volume loading
 - Slowing heart rate
 - Increased afterload

SAM-Repair Technique

- Larger annuloplasty ring

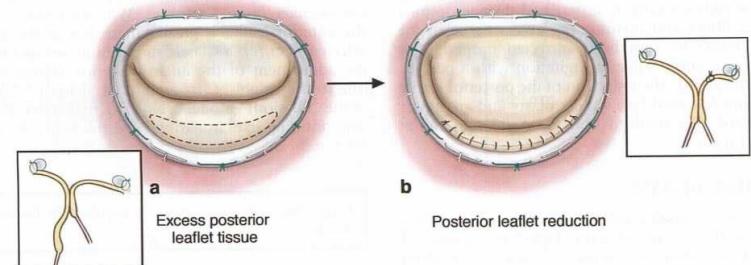
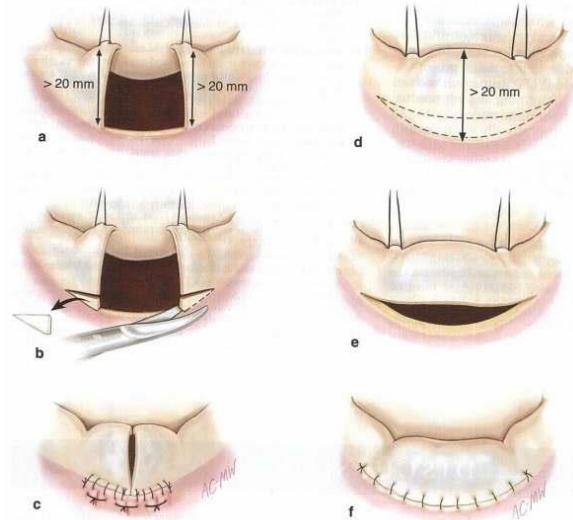
Band >> complete ring

Flexible >> rigid ring

- Sliding annuloplasty:

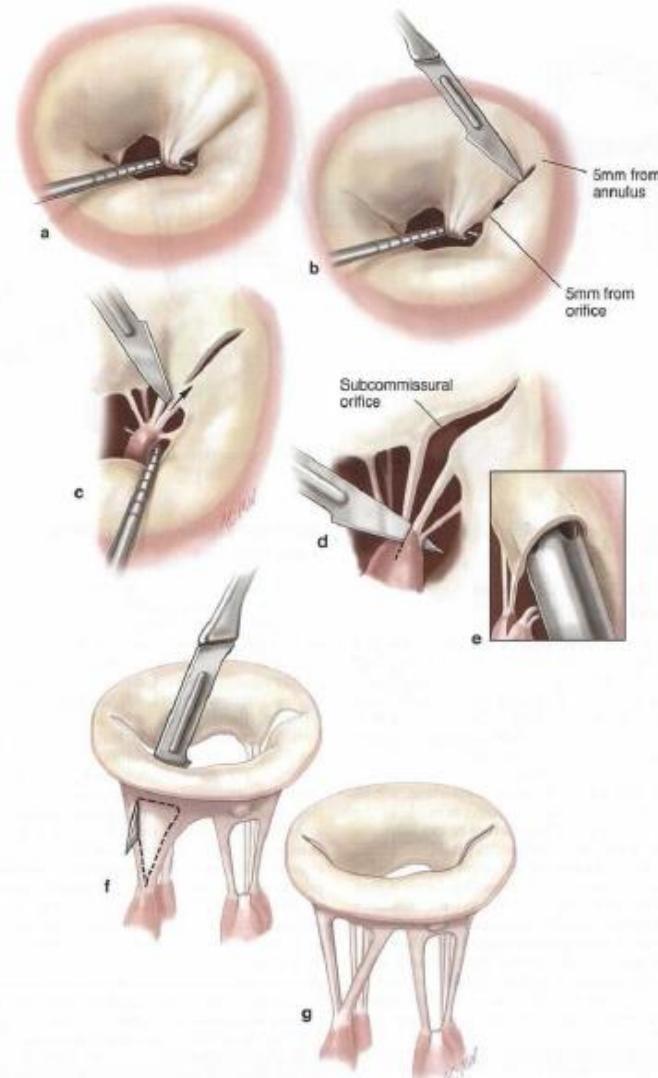
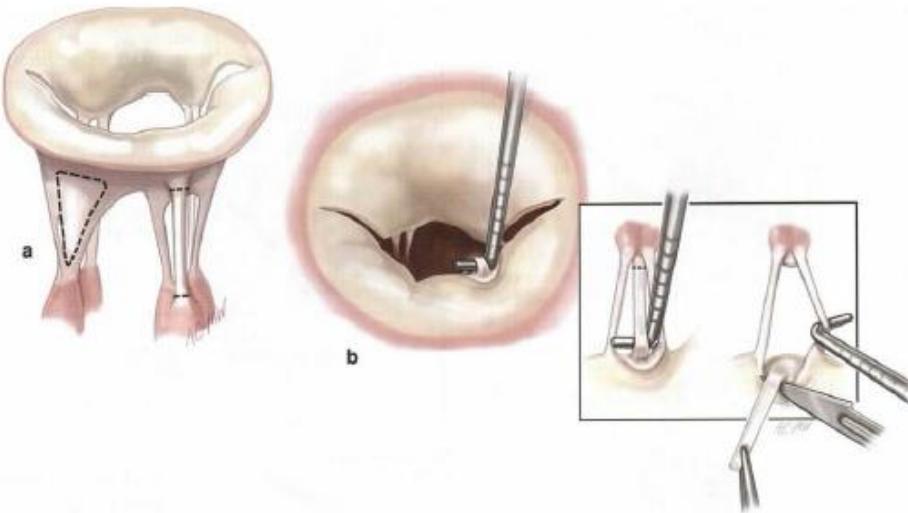
: posterior leaflet height ↓

- Pomeroy procedure: ant. leaflet resection
- Transaortic septal myectomy



Rheumatic MV disease

- Commissurotomy
- 2ndary chordae resection
- Not good result
in severe deformity valve



Rheumatic MV disease

- Leaflet extension : pericardium

