Elderly patients with severe aortic stenosis - does moderate mitral regurgitation require simultaneous surgical intervention?

A. Kwiecien¹, K.A. Kubacki¹, M.Z. Krason¹, M. Kaczmarczyk¹, M. Glanowski¹, G. Hirnle¹, J. Rychter¹, R.J. Pakula¹, A. Aidibi¹, K.M. Jakimowicz¹, A. Barnak¹, T.B. Hrapkowicz¹

¹Silesian Center for Heart Diseases (SCHD), Zabrze, Poland

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Introduction: Some patients undergoing aortic valve replacement present additional moderate mitral valve regurgitation (MVI). The guidelines do not precise whether, in the case of coexisting moderate MVI in patients undergoing aortic valve surgery, mitral valve intervention should also be considered. In the group of older patients, an additional procedure may significantly increase the operative risk.

Purpose: The aim of the study was to assess whether elderly patients with severe aortic stenosis and moderate mitral regurgitation who undergo aortic valve replacement surgery have a worse prognosis than patients without mitral valve disease?

Methods: The study is a retrospective analysis of patients (n=441) over 74 years of age with significant aortic stenosis, who underwent isolated aortic valve replacement surgery between February 2006 and July 2021. The average age in the entire group was 78.1 year (SD=2.71, min.75, max.88). Patients were divided into 2 groups depending on the presence of moderate mitral regurgitation (n=61) or its absence (n=365). The incidence of perioperative complications, early mortality and long-term survival were assessed.

Results: Patients did not differ in most preoperative burdens. There were no differences between the study groups in terms of perioperative mortality, postoperative complications and MACE (myocardial infarction, stroke, pacemaker implantation and death) and long-term survival. The predictors of long-term mortality in the entire study population were age and the need for post-operative haemofiltration.

Conclusion: The coexistence of moderate mitral regurgitation does not require additional intervention during aortic valve replacement surgery in the population of elderly patients, as its presence does not impair early outcomes or long-term survival.