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References


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References


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Thank you for your comment [1]. We generally select a resection-type repair for posterior leaflet prolapse, even in fibroelastic deficiency or Barlow disease. For fibroelastic deficiencies, however, artificial chordal replacement is applicable. This is because the risk of progressive degeneration is not as high. As you mentioned, the durability of the Gore-Tex chord is excellent. However, stiffening or adhesions can develop as shown by studies with more than 10 years of follow-up. Consequently, we use artificial chords for the posterior leaflet in limited cases only. One such situation is mitral annular calcification (MAC) complicating posterior leaflet prolapse in elderly patients. We are concerned about the effects of MAC progression on the leaflet prolapse. No worsening of the mitral valve was seen on follow-up for more than 7 years.

We believe that artificial chordal replacement without removing the MAC is a time-saving, safe, and durable method of mitral repair for elderly patients with posterior leaflet prolapse and MAC.

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References


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We thank Sawazaki and associates for a very interesting report [1]. It is known that a single lesion in fibroelastic deficiencies (chordal rupture) most commonly results in a single segment prolapse, specifically the P2 segment of the posterior leaflet. Since the non-prolapsing segments are usually void of excessive leaflet tissue, a repair can typically be undertaken by simple resection (quadrangular or triangular) of the unsupported leaflet segment. Alternatively, transfer of the second ary chordae or application of artificial chords can be used to correct a marginal prolapse without leaflet resection [2]. Our early and mid-term results of mitral valve (MV) repair with Gore-Tex loops for degenerative valve incompetence are excellent with the mean MR grade decreasing from 3.24 ± 0.54 at baseline to 0.64 ± 0.23 before discharge. There were no reoperations in this series.

Mitral annular calcification (MAC) is common in the elderly population. It is a process that is related to aging and stress on the MV apparatus. Resection of the calcium bar and creation of a new annulus is an optimal approach in patients with extensive calcification of the mitral valve, but it may be more challenging and more complicated in the elderly because friable tissues. We agreed with the authors that removing the MAC is time-consuming, carries the risk of injuring the leaflet during the decalcification procedure, and that a technique involving chordal replacement without resection of the MAC may be a useful alternative for repairing a posterior leaflet prolapse in patients with MAC [1]. It is known that incomplete valve repair is acceptable for elderly patients with associated comorbidities [3].