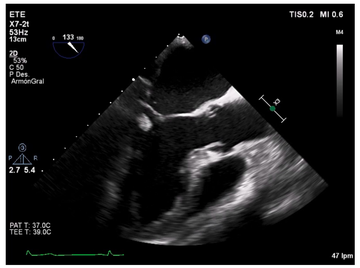
Mitral Detachment For Robotic Resection Of Ventricular Fibroelastoma

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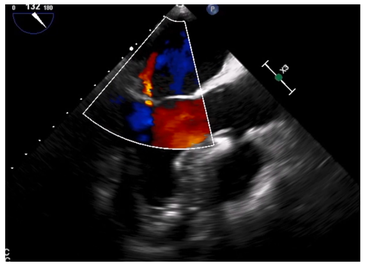
A 75-year-old male was referred to us with the diagnosis of a left ventricular mass. Preoperative echocardiography confirmed the presence of a 3x2cm mass below the posterior mitral leaflet. A chest computed tomography discarded any additional lesions and the patient was scheduled for robotic tumour resection.



Preoperative Echocardiography

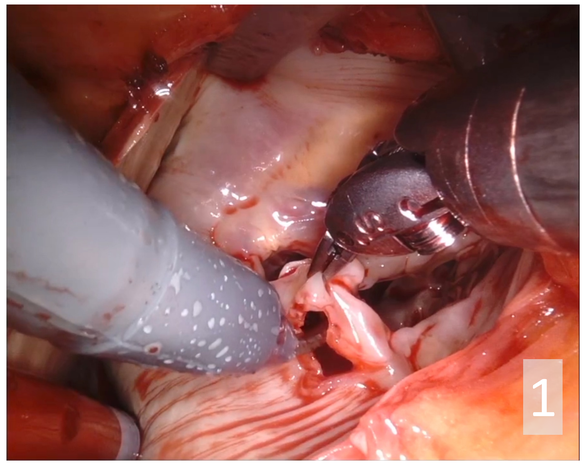
At the OR, the four robotic ports were placed for robotic mitral surgery(*). The left atrium was opened the via interatrial grove and the ventricular aspect of the mitral valve was explored. We confirmed the presence of a gelatinous 3x3cm mass attached to the ventricular wall. An initial attempt was made to expose the attachment of the mass without affecting the mitral valve but it was not possible since the pedicle was immediately underneath the posterior mitral leaflet.

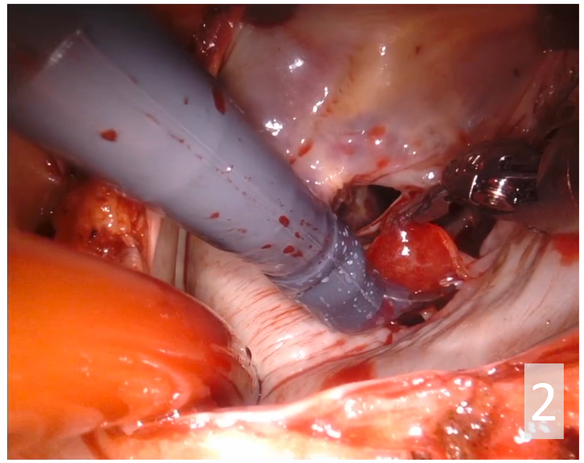
For this reason, we decided to detach the posterior mitral leaflet (1) in order to obtain a better exposure. This allowed us to completely resect the mass with its pedicle (2, 3). The posterior mitral leaflet was then reattached to the annulus using a double running polypropylene suture (4).

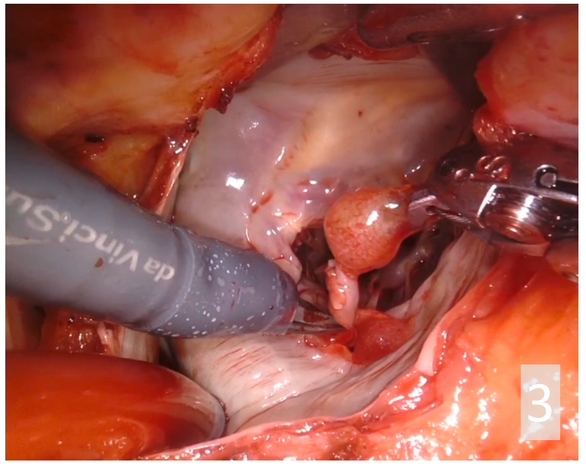


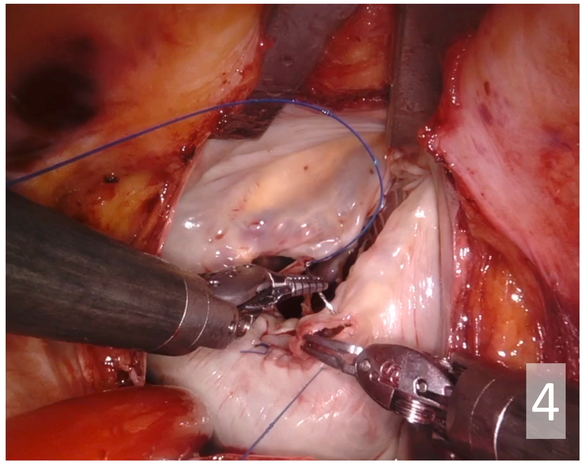
Postoperative Echocardiography

Postoperative transoesophageal echocardiography showed no residual tumoral mass and trivial mitral regurgitation.









The patient recovered uneventfully and was discharged on the 4th postoperative day. The pathology study of the mass confirmed a papillary fibroelastoma. Follow-up echocardiography o at 4 months showed no residual mas and mitral valve function preserved with mild regurgitation.

(*)Chitwood WR Jr. Robotic mitral valve surgery: overview, methodology, results, and perspective. Ann Cardiothorac Surg. 2016 Nov;5(6):544-555. doi: 10.21037/acs.2016.03.16.

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