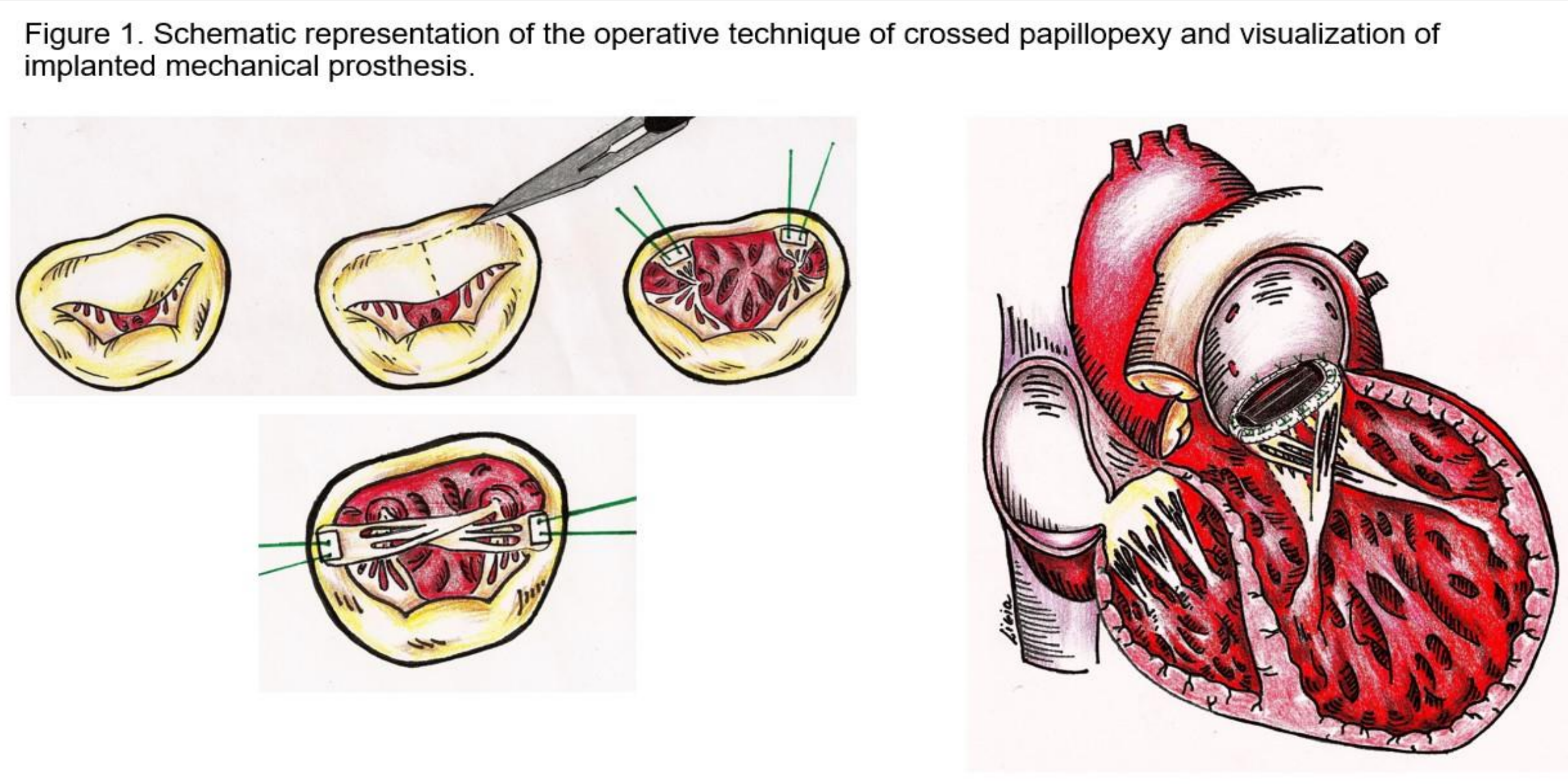




Patient With Heart Failure And Mitral Insufficiency Submitted Mitral Valve Replacement And Crossed Papillopexy Video-assisted

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	PRE OPERATIVE	POS OPERATIVE 3 MONTHS
EF	29%	54%
LVDD	69 MM	53 MM
LSVE	59 MM	38 MM
LA	56 MM	47 MM
DIASTOLIC VOLUME	247 ML	135 ML
SISTOLIC VOLUME	173 ML	62 ML
CONCLUSION	GRAVE MITRAL INSUFFICIENCY	GRADIENT PROSTHESIS 3 MMHG



BACKGROUND: : The cardiac failure is a serious public health problem and it’s one of the principal causes of mortality and morbidity. The standard surgical treatment is the cardiac transplant, but because of the treatment’s difficulties, another surgical proposal are being reported on literature, among them the mitral insufficiency surgery.

Goal: To show and verify the influence of the crossed papillopexy and implant of valve prosthesis with annular constriction trans areolar minimally invasive video-assisted in patient with important insufficiency in the functional class, and echocardiographic data 90 days post-operative.

METHODS: Case report of a patient, female, 61 years old, with advanced cardiac insufficiency in functional class IV (NYHA), severe mitral valve insufficiency, submitted to the mechanical mitral valve replacement, number 29, trans areolar access, with annular constriction, and preservation of the sub valve apparatus, crossing the front cusp (crossed papillopexy). Time of surgery 240 minutes, extracorporeal time of 150 minutes, and aortic clamp 120 minutes. The functional class (NYHA), the echocardiographic data from were evaluated in the preoperative and 3 months post-operatively.

RESULTS: The patient demonstrate evidence of significant clinical and echocardiographic improvement. All the echocardiographic data had significant improvement, left ventricular diastolic diameter reduced from 69 mm to 53 mm, left ventricular systolic diameter reduced from 59 mm to 38 mm, the left atrial diameter varied from 56 mm to 47 mm, and ejection fraction there was a significant increment of 29% to 54%. For the clinical evaluation in 90 days after the surgery, the patient was in functional class I.

CONCLUSIONS: The crossed papillopexy and the mitral valve replacement with annular constriction trans areolar minimally invasive video-assisted surgery in patients with advanced heart failure carriers' important mitral insufficiency improvement of the functional class, and of the echocardiographic data.

1. BOLLING S F, PAGANI F D, DEEB G M, BACH D S. Intermediate-term outcome of mitral reconstruction in cardiomyopathy. *J Thorac Cardiovasc Surg* 1998; 115:381-8.
2. CALAFIORE A M, GALLINA S, CONTINI M, IACO A, BARSOTTI A, GAETA F, ZIMARINO N. Surgical treatment of dilated cardiomyopathy with conventional techniques. *Eur J Cardiothorac Surg* 1999; 16(suppl1): 73-8.
3. GOMES OM. Papilopexia para prevenção da degeneração miocárdica após substituição mitral. *Arq Bras Cardiol* 1987; (suppl 1): 49.
4. GOMES OM, GOMES ES, SANTANA FILHO GP, PONTES JCDV, BENFATTI RA. New technical approach for crossed papillopexy in mitral valve replacement surgery: short term results. *Rev Bras Cir Cardiovasc* 2005; 20(3): 340-345.
5. LIMA, ML ET AL - Crossed papillopexy with graft in mitral valve replacement: case report. *Rev Bras Cir Cardiovasc* 2008; 23(3): 418-421.
6. BENFATTI, RA ET AL. Mitral valve replacement with crossed papillopexy and annular constriction in heart failure patients. *Rev Bras Cir Cardiovasc* 2008; 23(3): 372-377.
7. SANTANA FILHO, GP ET AL. Echocardiographic Evaluation of Patients Undergoing Mitral Valve Replacement with Crossed Papillopexy. *Arq Bras Cardiol.* 93 (2), AUG 2009.