Mass General Brigham
Heart and Vascular Institute

Mitral Valve repair for infective endocarditis + Surgical Aortic Valve Replacement (SAVR)

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MITRAL VALVE REPAIR FOR INFECTIVE ENDOCARDITIS + SURGICAL AORTIC VALVE REPLACEMENT (SAVR)

Case presentation

1 CASE PRESENTATION

- 65-year-old man with dyspnea and fever
- NYHA IIb
- STS: 1.8
- EuroSCORE II: 2

2 PRE-OPERATIVE TEE FINDINGS

Severe primary mitral regurgitation

- Regurgitant jet in the A2/P2 position
- In A3, mobile vegetation of 3 mm with leaflet perforation

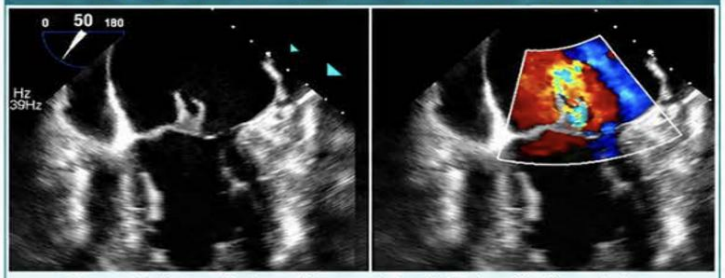
Moderate-to-severe aortic regurgitation

- Co-existing endocarditis vegetation in NCC (non-coronary cusp) and RCC (right-coronary cusp)
- BAV (bicuspid aortic valve), Sievers type 1

3 SURGICAL MANAGEMENT

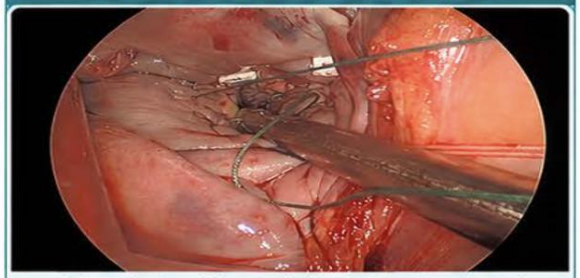
- Mitral valve repair combined with surgical aortic valve replacement
- Intraoperative endoscopic visualization supported decision-making
- Multimodality echocardiographic guidance was used throughout the procedure

PRE-OPERATIVE TEE: SEVERE MR AND LEAFLET PATHOLOGY



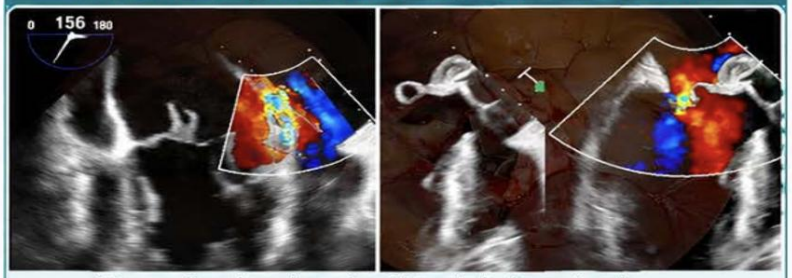
Severe mitral regurgitation with eccentric jet (A2/P2) and leaflet pathology. Moderate-to-severe aortic regurgitation with vegetations on NCC and RCC.

INTRAOPERATIVE ENDOSCOPIC VIEW



Endoscopic view of the mitral valve showing vegetation and leaflet perforation with repair sutures placed.

INTEGRATED SURGICAL AND ECHOCARDIOGRAPHIC GUIDANCE



Intraoperative echocardiography guiding mitral valve repair and assessment of aortic valve pathology and regurgitation.

TAKE-HOME MESSAGE

In selected patients with infective endocarditis involving both mitral and aortic valves, mitral valve repair may remain feasible while concomitant SAVR addresses associated aortic valve disease. Careful imaging and intraoperative assessment are essential.