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Abstracttitel: FREQUENCY OF MITRAL VALVE EVALUATION IN THE PERIOPERATIVE PERIOD
FOR ROUTINE CORONARY ARTERY BYPASS SURGERY.

Mitral regurgitation (MR) is a frequent complication following acute myocardial infarction (AMI) and is present in 50% of such patients. It is moderate or severe in a quarter of cases [1]. Coronary artery bypass grafting (CABG) alone for patients with $\geq 3+$ MR downgrades the postoperative MR to 0 or 1+ in only 9% of patients, with the remaining patients having residual MR of 2+ or greater [2], and this degree of residual MR is associated with a significant incidence of heart failure and death. Angiography is not a sensitive measure of MR severity, and transoesophageal echocardiography (TOE) for routine CABG is only a class II indication. We estimate the likely incidence of the missed 'at-risk' population in patients presenting for routine CABG.

We recorded the mitral valve assessment in 47 patients presenting for routine CABG. Half had a history of MI or Acute Coronary Syndrome (ACS) within 6 months of the procedure. All patients had a recent angiogram, 6 had a separate assessment of their mitral valve (TTE or MRI) and 9 patients had perioperative TOE. Overall only 13/47 (27%) of patients had formal perioperative evaluation of their mitral valve. Patients with a recent ACS were not more likely to have had mitral valve assessment.

The implications of missed MR at CABG and the failure of CABG alone to modify the long term prognosis suggests that in the absence of preoperative assessment patients should undergo intraoperative TOE. Interpretation must consider the caveat that TOE under anaesthesia may significantly underestimate the severity of MR.

1. Bursi F, Enriquez-Sarano M et al. *Circulation* 2005;111:295-301
2. Aklog I, Filsoufi F et al. *Circulation* 2001; 104 168-175