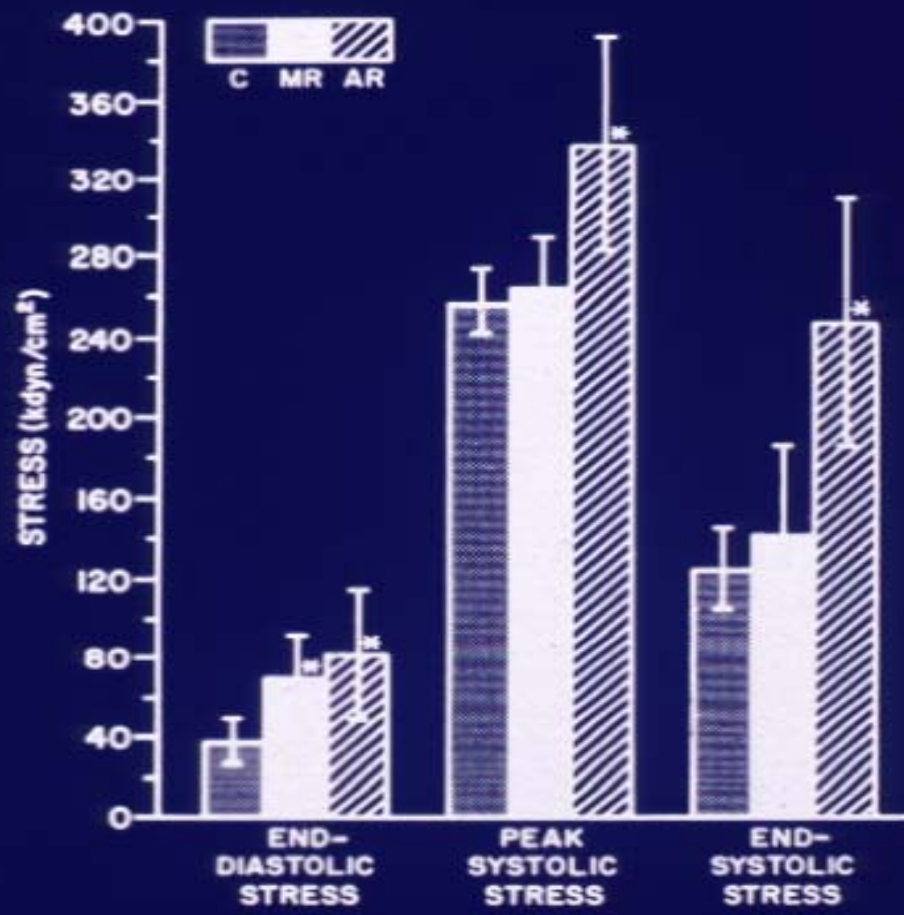


SEVERE MR, MODERATE
AR

THE DATA IS
OVERWHELMING; NOT!!



LVMI with Chronic Mitral and Aortic Valve Disease

LEFT VENTRICULAR MASS INDEX (g/Sq. Meter)

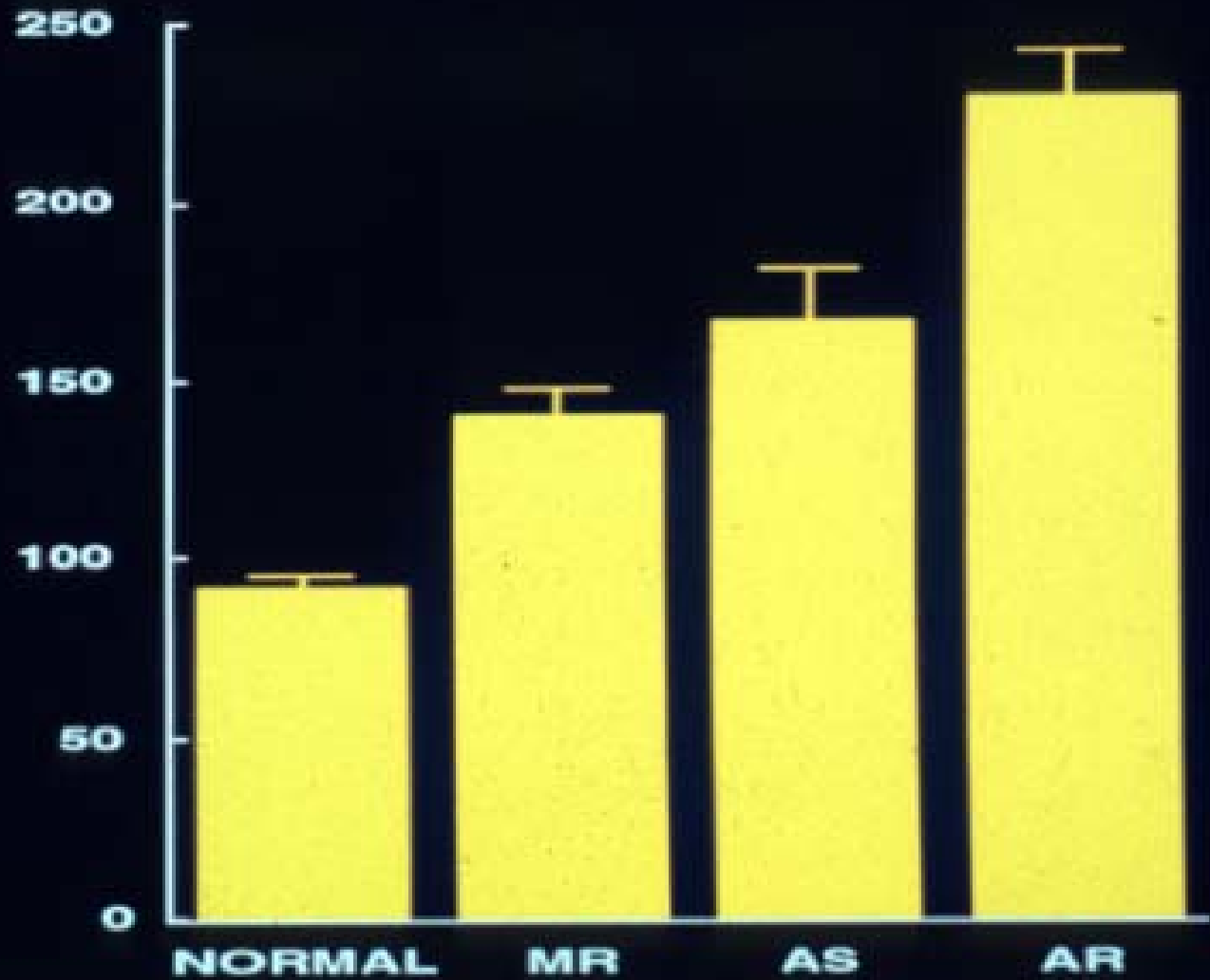


Table I: Hypertrophy in human left-sided overload valve lesions.

	Mass index g/m ²	r/h	m/v
NL	86 (259)	3.05 (88)	1.25 (225)
MR	158 (146)	4.03 (64)	0.87 (117)
AR	230 (148)	3.52 (31)	1.00 (141)
AS	178 (302)	2.35 (93)	1.55 (296)

NL: normal subject; MR: mitral regurgitation; AR: aortic regurgitation; AS: aortic stenosis; r/h: ratio of left ventricular radius to thickness; m/v: ratio of left ventricular mass to volume; (): number of subject analyzed.

TYPICAL ECHO FINDINGS

	EDD	ESD	EF
• MR	60	35	0.65
• AR	70	45	0.55

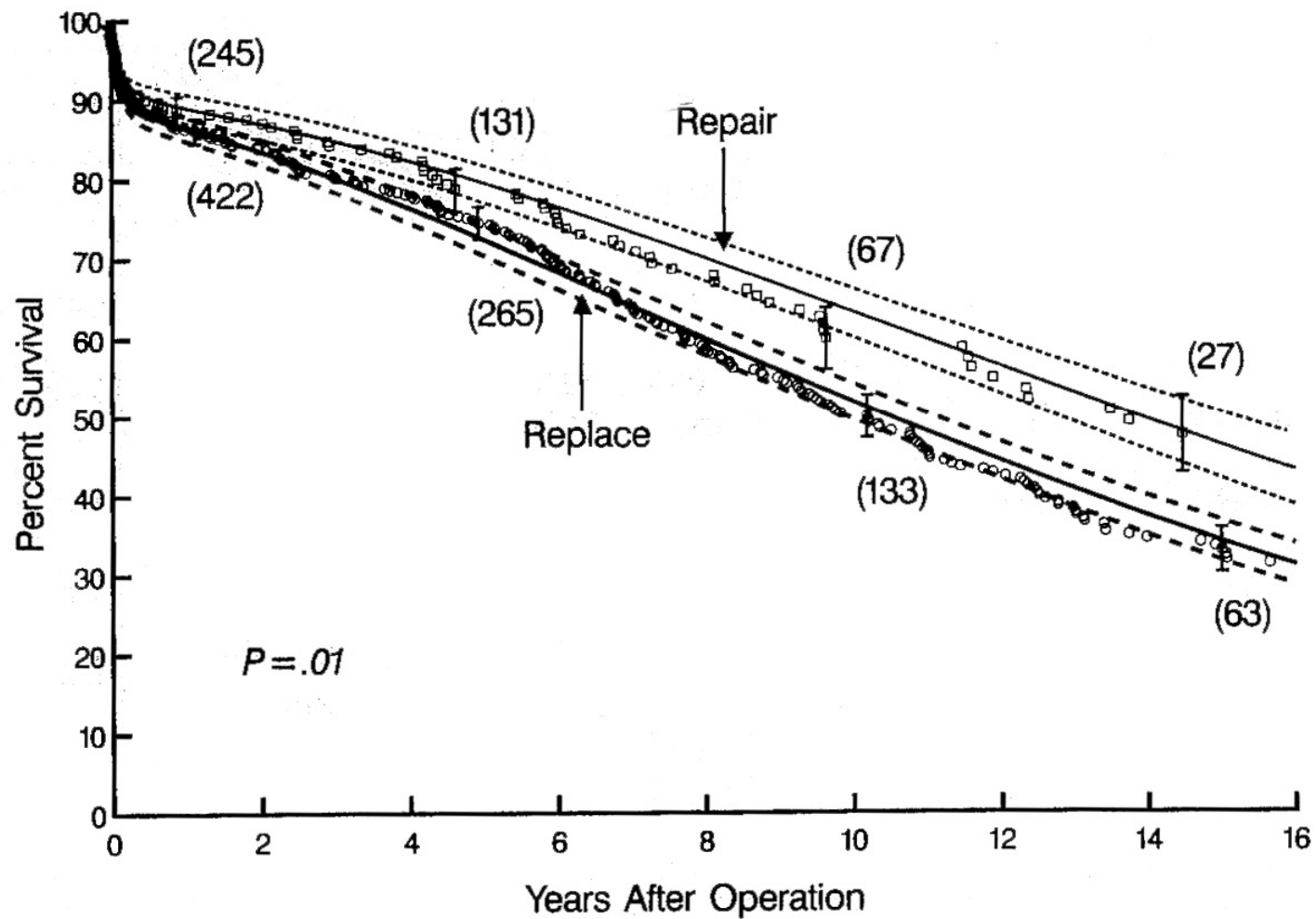
WHICH GUIDELINE TO USE??

- ONLY COMMON SENSE NO DATA
- BUT IF YOU WAIT FOR 70 AND 50 IT MAY BE TOO LATE

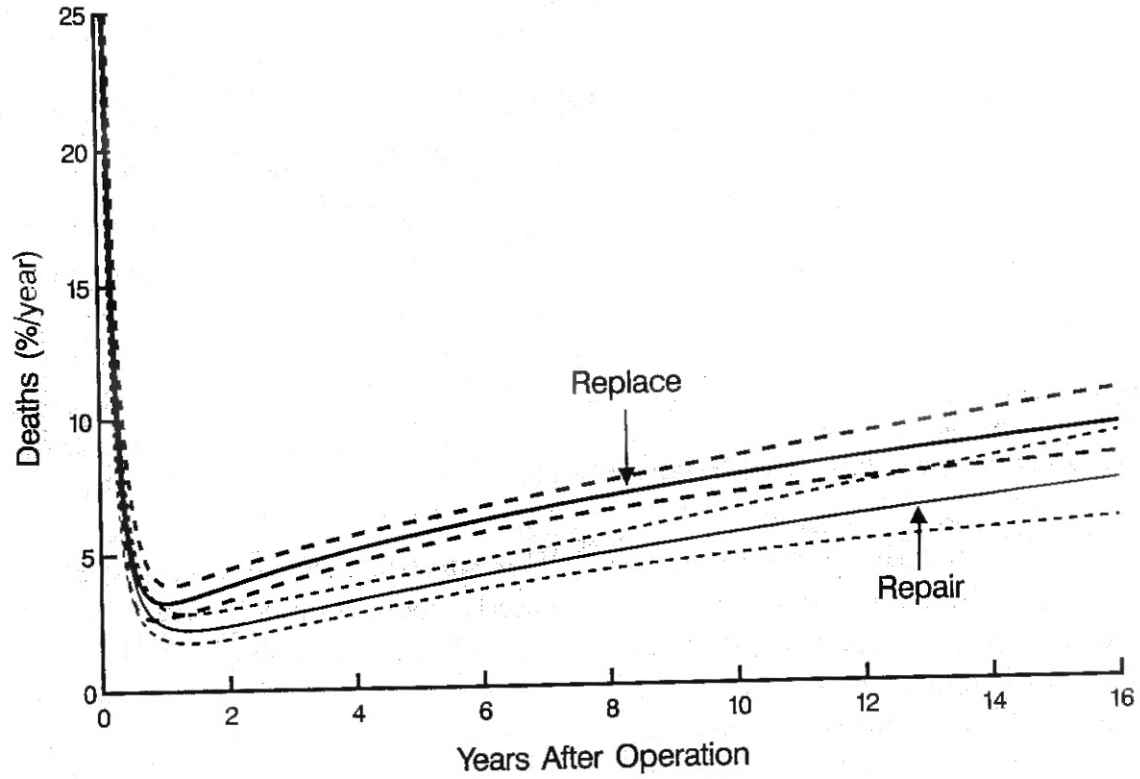
SURGERY FOR AR +MR

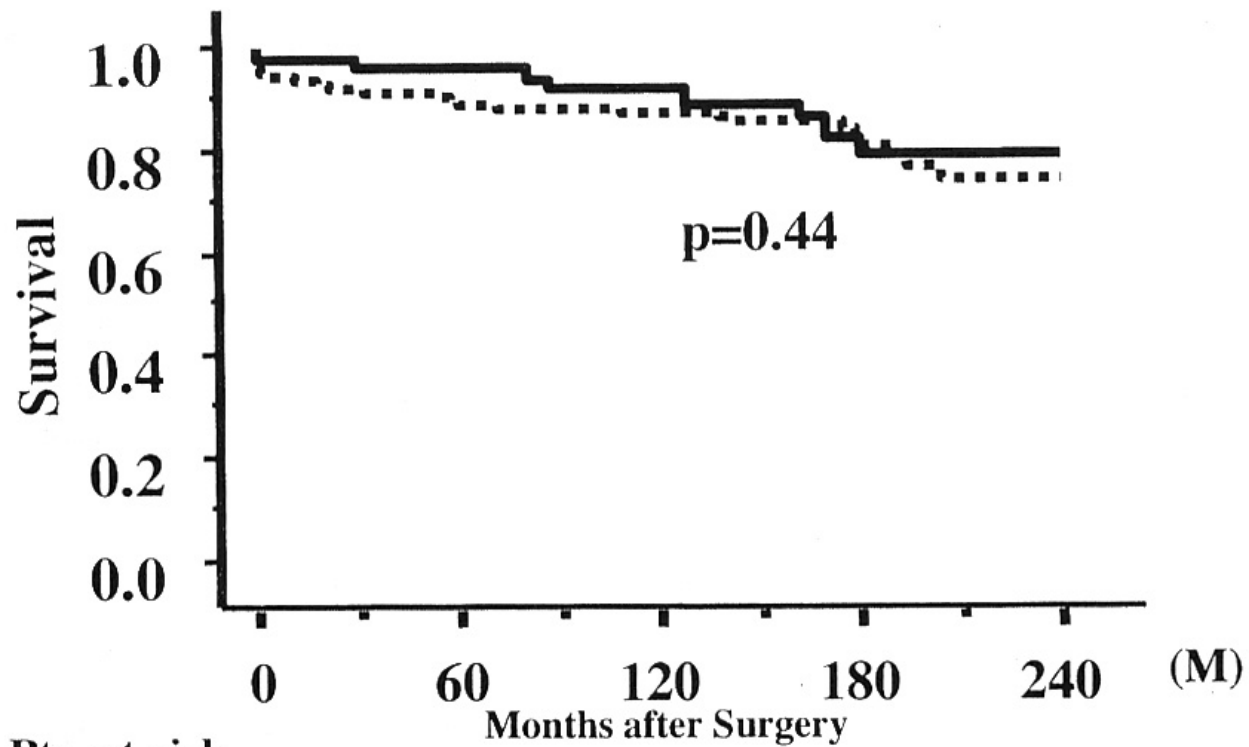
- THE AORTIC VALVE CAN ONLY LEAK
WHAT THE MITRAL VALVE SENDS IT

AoV ERO SHOULD STILL BE
USEFUL



Years After Operation

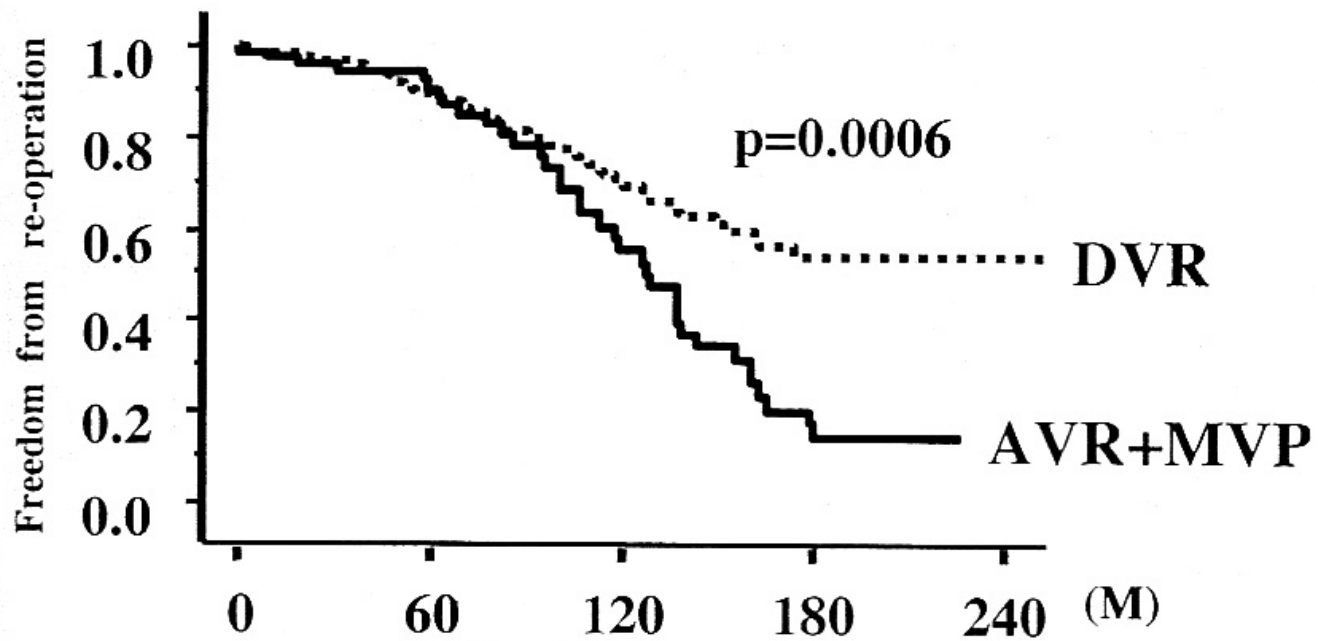




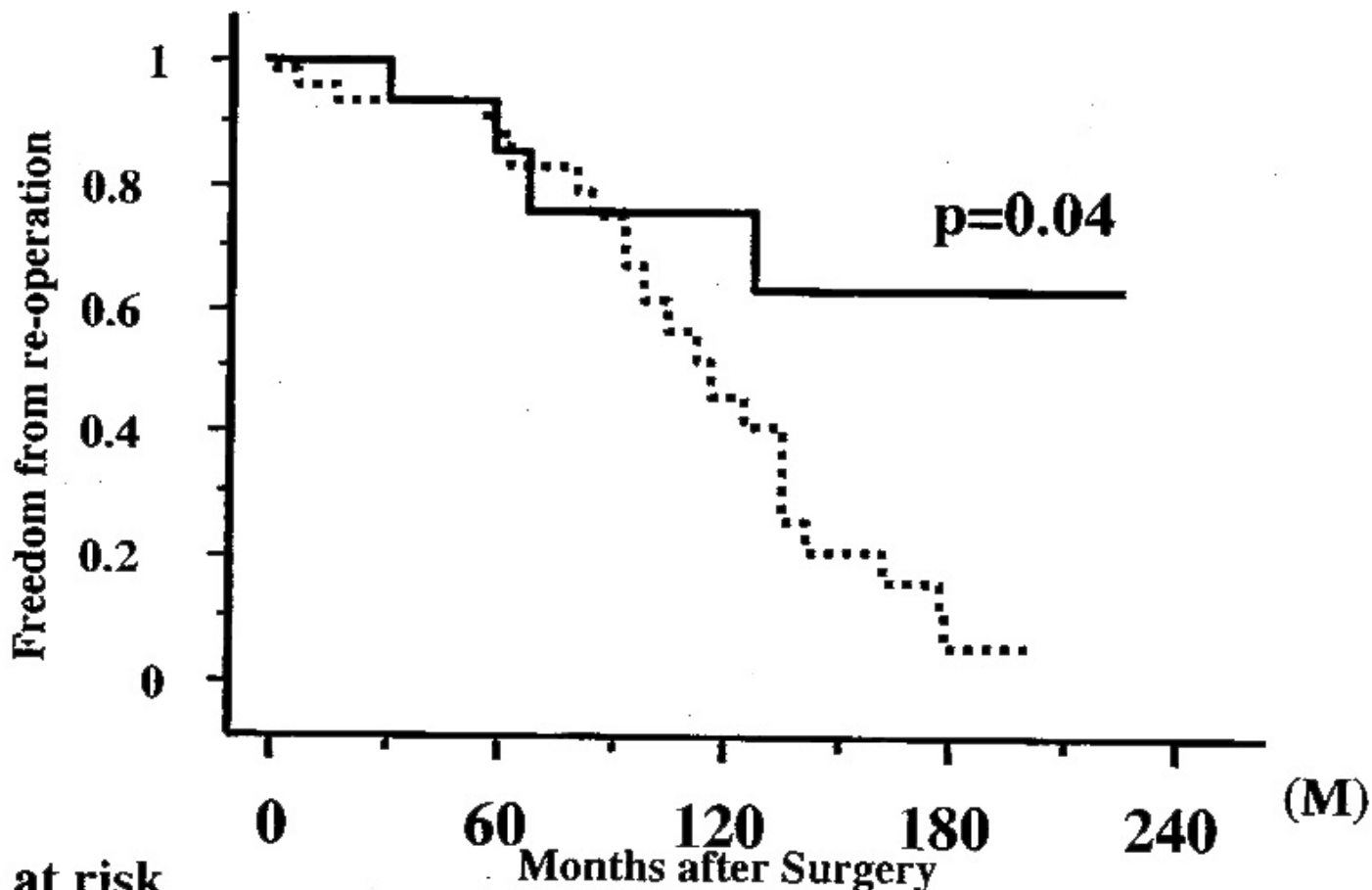
Pts. at risk

AVR+MVP	80	50	34	22
DVR	299	189	122	51

HAMAMOTO et al



	0	60	120	180	240 (M)
Pts. at risk					
AVR+MVP	80	48	21	5	
DVR	299	170	86	17	



Pts. at risk

Non-Rheumatic	24	10	6
Rheumatic	43	26	9

BEST GUESS

- TIME SURGERY USING BENCHMARKS THAT LEAN TOWARD MR
- REPAIR NON RHEUMATIC MITRAL VALVES + AVR