

JCK Poster

## JCK Poster 4 (III-JCKP4)

### Cardiac Surgery

Chair:Khang Dang Cao(Department of Cardiovascular Surgery, University Medical Center, Vietnam)

Sun. Jul 9, 2017 1:00 PM - 2:00 PM Poster Presentation Area (Exhibition and Event Hall)

---

1:00 PM - 2:00 PM

### [III-JCKP4-08]The dynamic changes of mitral valve after surgical repair of mitral regurgitation in patients with atrial septal defect

○Yi-Seul Kim<sup>1</sup>, Heirim Lee<sup>1</sup>, June Huh<sup>1</sup>, I-Seok Kang<sup>1</sup>, Ji-Hyuk Yang<sup>2</sup>, Tae-Gook Jun<sup>2</sup>,Jinyoung Song<sup>1</sup>,  
(1.Department of Pediatrics, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea, 2.Department of Thoracic and Cardiovascular Surgery, Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea )

#### Objective

Even though spontaneous regression of MR after isolated ASD closure has been accepted, surgical repair of MV has been done in selected cases. We purposed to know the outcome of surgical repair and determine factors for good results

#### Methods

Sixty-one patients with ASD and MR who had surgical correction at our hospital from January 2005 to December 2014 were enrolled. The MV annular diameter, lengths of leaflets, angles of leaflets on systole and motion angle of both leaflets were measure on echo. MR was graded from 1 to 4. Surgical procedures used for MR repair were evaluated.

#### Results

The MR severity and MVP improved after surgery from  $2.3 \pm 0.7$  to  $1.7 \pm 0.9$  and from 41.8% to 16.4%, respectively. Angle of both leaflets on systole and motion angle of both leaflet were changes after surgery. In patients with postoperative MR lesser than grade 2, angle of both leaflets on systole and motion angle of posterior leaflet were significantly changed and underwent operation at earlier age ( $28.0 \pm 18.9$  vs  $60.3 \pm 10.1$ ) and chordae repair (70.2% vs 25.0%). But more MAZE operation in patients with postoperative MR greater than grade 2 was found (21.3%vs 87.5%).

#### Conclusion

Surgical MR repair performed concomitantly with ASD closure was safe and effective. Not only prolapse but also angles of both leaflets on systole and motion angle of PML were significantly improved in patients with postoperative MR less than moderate degree. Operation at early age showed better results whereas MAZE operation showed worse results.