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REDO MITRAL SURGERY WITHOUT TRANSCATHETER OPTIONS: A CASE OF 7 CONSECUTIVE MITRAL OPERATIONS

To the Editor:

We read with great interest the analysis of Ejiofor and colleagues¹ regarding conventional mitral reoperation in patients who could potentially be treated with a transcatheter device. They point out that the need for reoperation arose from prosthetic dysfunction, endocarditis, and perivalvular leak, in that order. Unfortunately, endocarditis and perivalvular leak may not be amenable to current transcatheter technology in all patients.

We would like to report a case of survival after 7 consecutive mitral operations in a single patient before the availability of transcatheter approaches. We think that this patient may illustrate some of the issues that could be avoided by availability of transcatheter technology, albeit at the risk of yet unknown outcomes with transcatheter devices.

Our patient was born in 1924 and died when he was 70 in 1994 after discharge from his seventh cardiac surgical operation. He was first operated on in 1979, when he was 55 years old. He had rheumatic aortic and mitral stenosis with left main and 3-vessel coronary disease. The patient underwent aortic and mitral valve replacements with porcine bioprostheses (models 2625 and 6625; Edwards Lifesciences, Irvine, Calif) along with double coronary bypass grafting with left internal thoracic artery to the left anterior descending coronary artery. Six years later, in 1985, he had a re-sternotomy for mitral and aortic valve re-replacements (models 1260 and 6120; Edwards Lifesciences) to correct mitral prosthetic dysfunction that had resulted in severe mitral regurgitation. Five months later, still in 1985, he underwent his third sternotomy for repair of a mitral perivalvular leak. One year later, in

1986, after treatment of endocarditis, vegetations developed on his mitral valve with severe perivalvular leak. He then underwent a fourth operation through a right thoracotomy for replacement of the mitral valve with another mechanical prosthesis (model 6120; Edwards Lifesciences). One month later, he underwent another right thoracotomy (fifth operation) for perivalvular leak of the mitral valve, which was treated by placement of a new mitral prosthesis (model 6120; Edwards Lifesciences). A year later, in 1987, he underwent his sixth operation, in which a perivalvular leak was repaired, through a left thoracotomy. The patient did well until 1994, when severe mitral regurgitation developed as a result of perivalvular leak. He then underwent a seventh operation through a re-sternotomy for re-replacement of the mitral valve (Carbomedics M-033; LivaNova PLC, London, UK). The patient was discharged and was doing well at home until 2 weeks postoperatively, when he died of an intracranial hemorrhage.

We are not aware of any reports of survival after 7 conventional or transcatheter cardiac valve procedures. Although transcatheter approaches to redo mitral surgery may have advantages in certain cases, endocarditis and perivalvular leak may still require conventional approaches for some redo mitral surgery.

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Reference

1. Ejiofor JU, Hirji SA, Ramirez-Del Val FR, Norman AV, McGurk S, Aranki SF, et al. Outcomes of repeat mitral valve replacement in patients with prior mitral surgery: a benchmark for transcatheter approaches. *J Thorac Cardiovasc Surg.* 2018;156:619-27.e1.

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IN THE ERA OF TRANSCATHETER THERAPIES: WILL COMPLEX REOPERATIVE CARDIAC VALVE SURGERY GO

AWAY?

Reply to the Editor:

Barac and colleagues¹ at Duke presented a successful case report of 7 consecutive mitral valve operations in a single patient. Although the patient ultimately died of intracranial bleeding weeks after the seventh operation, they are to be congratulated for such herculean efforts over a 15-year

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