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SURGICAL MANAGEMENT OF MODERATE ISCHEMIC MITRAL REGURGITATION AT THE TIME OF CORONARY ARTERY

BYPASS GRAFTING REMAINS CONTROVERSIAL

Reply to the Editor:

I thank Dr Vural for his letter. The Expert Opinion that I wrote for this issue of the *Journal* deals exclusively with *moderate* ischemic mitral regurgitation (IMR). Dr Vural's comments are appropriate for patients with severe IMR and should not be interpreted as applicable to the diagnosis or surgical treatment of moderate IMR. I wonder whether he has not misread my opinion to imply that I was extending my recommendations to patients with severe IMR?

First, Dr Vural advocates mitral valve replacement as a therapeutic alternative in cases of moderate IMR. This recommendation is contrary to the consensus opinions of experts regarding moderate IMR, for which the recommended surgical options include either bypass surgery alone or bypass surgery with a restrictive annuloplasty. On the other hand, mitral valve replacement or mitral valve restrictive annuloplasty are the 2 primary options to be considered for patients with severe IMR.

Second, it is not uncommon for the clinical requirement to perform surgical revascularization in patients with moderate IMR to accelerate the timing of surgery, and this often occurs before enlargement in the size of the left atrium. In these situations, the surgeon must make a decision regarding whether to address the *moderate* degree of IMR, and that condition is precisely the message of my Expert Opinion. This decision is 2-fold. First, whether to address and second, how best to address the present and future consequences of moderate IMR. These consequences are not predicted by preoperative left atrial size, as suggested by Dr Vural. And yes, the small left atrium does make the surgery technically more challenging, but certainly not overly difficult.

I can only surmise that Dr Vural mistakenly has applied his experience and treatment recommendations for patients with severe IMR to patients with moderate IMR.

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LEFT ATRIAL SIZE AS AN INDICATION FOR SURGERY IN MODERATE ISCHEMIC MITRAL REGURGITATION

Reply to the Editor:

Dr Vural's letter to the editor¹ touches on many aspects of intervention for ischemic mitral regurgitation (IMR). IMR is a secondary, or functional, pathology where the underlying mechanism is not eradicated by surgery of the valve alone. Consequently, indications for intervention in IMR are not as evident as they are for primary mitral regurgitation. Certainly, knowledge of left atrial size helps to plan surgery, and some will alter their approach to the mitral valve on the basis of left atrial dimensions. But using left atrial enlargement (LAE) as an indication for mitral valve intervention in moderate IMR will expose many asymptomatic patients to surgery without certainty that surgery confers any benefit to the patient.

It may be that Dr Vural did not intend to suggest that LAE alone should trigger intervention, because this would be a significant change to current recommendations and most surgeons' practices. Rather, its presence should be included in the decision-making process. Even so, the value of LAE is questionable. However, a recent publication supports the prognostic value of LAE. Rossi and colleagues² found that in persons with heart failure, left atrial dimension was associated with increased risk of all-cause mortality and hospitalization, and this persisted after adjustment for ejection fraction and functional mitral regurgitation. Whether this relationship extends to IMR in the absence of heart failure remains to be seen.

Dr Vural's comment that in the presence of normal left atrial dimensions, moderate IMR may be spared from surgery is in accordance with current American College of Cardiology/American Heart Association guidelines, in an indirect way. Regardless of atrial size, asymptomatic chronic moderate secondary mitral regurgitation carries a surgical indication only when other cardiac surgery is planned.³

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