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Commentary: More ado about nothing: Resect “versus” respect and left ventricular function after repair

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Recently data were published showing the equivalence of resect and respect techniques on left ventricular (LV) function in patients with degenerative mitral regurgitation.¹ This excellent post-hoc analysis of a randomized study of 104 patients (the CAMRA Cardio-Link 2 study; [Clinicaltrials.gov](https://clinicaltrials.gov/ct2/show/study/NCT02552771) identifier NCT02552771) reports remarkably similar results.² LV remodeling begins early after repair, as documented on predischarge echocardiogram. This is especially prominent with the reduction of LV end-diastolic volume and dimension index, and this improvement continued at 12-month follow-up. LV end-systolic volume and dimension index did not change predischarge, but both had reduced by the 12-month echocardiogram. Correspondingly, LV ejection fraction dropped about 10 points early ($61.1 \pm 5.4\%$ preoperative vs $51.7 \pm 8.7\%$ predischarge; $P < .0001$). In addition, by 12 months and tracking the improvement in LV end-systolic volume index, the ejection fraction had improved ($56.4 \pm 5.1\%$; $P < .0001$) but did not return to the preoperative level. This early reduction in LV ejection fraction, and only partial return to normal, has been reported before and likely reflects that we wait too long to operate on this group of patients.³⁻⁵ Asymptomatic, or

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CENTRAL MESSAGE

The focus of mitral valve repair should be to leave no more than mild residual mitral regurgitation. Resect and respect are equally successful techniques.

mildly symptomatic patients, may be observed with “watchful waiting” until there are irreversible changes in LV function, which may reduce late survival.⁵ Other notable findings included an early and sustained reduction in pulmonary artery pressures and left atrial volume index. There was no change in tricuspid regurgitation over time (only 4 patients had tricuspid valve annuloplasty). As noted in the previous report,^{1,6} there was no appreciable physiologic difference in LV function between the leaflet resection and leaflet preservation (neochords) groups. Although both studies^{1,2} were small, the findings are quite similar in this respect, and the previous study¹ also included global LV strain. The take-home point of repair with either strategy should be to leave no residual mitral regurgitation more than mild. Using a technique with which you are comfortable will provide the patient with durable freedom from recurrent mitral regurgitation. Both techniques work fine.

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