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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References


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