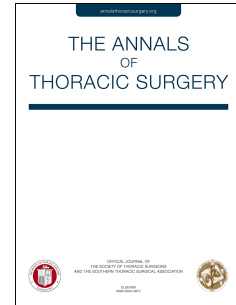


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Transaortic Alfieri Repair for Secondary Mitral Regurgitation: Effective and Underutilized (Reply)

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Reply to the Editor:

We would like to thank Mihos and colleagues [1] for their comments on our article [2]. Owing to the higher mortality after double mitral and aortic valve surgeries than after isolated surgical aortic valve replacement, transaortic Alfieri edge-to-edge mitral valve repair (TA-MVr), which involves a short operative time, can be used as a surrogate procedure. However, the perioperatively worsened mitral regurgitation (MR) after TA-MVr is a concern for surgeons. Performing TA-MVr in patients with severe mitral annular calcification (MAC) could result in restricted leaflet motion and stenosis due to the progressive narrowing of the mitral annulus because of bulky calcification, possibly owing to hemodynamic instability during surgery. Mihos et al. reported good intermediate outcomes (median follow-up time: 6.5 months) of TA-MVr despite the presence of degenerative mitral calcification in patients [3], but, the severity or location of calcification was unclear. Moreover, the edge-to-edge technique without mitral ring annuloplasty for patients with severe MAC may provide poor long-term durability with respect to recurrent MR [4]. Despite the efficacy of TA-MVr for high-risk patients, candidates for TA-MVr should be selected with caution.

Management strategies for patients with aortic valve disease and concomitant MR should be determined following assessments of operative risk, MR severity, and likelihood of MR improvement after isolated aortic valve replacement. In a single center study of transcatheter MVr with MItraClip

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