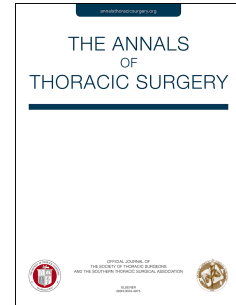


# Accepted Manuscript

Surgery of HOCM in Patients with Severe Hypertrophy, Myocardial Fibrosis and Ventricular Tachycardia (Commentary)

Anita Nguyen, MBBS, Hartzell V. Schaff, MD



PII: S0003-4975(18)30342-4

DOI: [10.1016/j.athoracsur.2018.02.028](https://doi.org/10.1016/j.athoracsur.2018.02.028)

Reference: ATS 31413

To appear in: *The Annals of Thoracic Surgery*

Received Date: 14 February 2018

Accepted Date: 16 February 2018

Please cite this article as: Nguyen A, Schaff HV, Surgery of HOCM in Patients with Severe Hypertrophy, Myocardial Fibrosis and Ventricular Tachycardia (Commentary), *The Annals of Thoracic Surgery* (2018), doi: 10.1016/j.athoracsur.2018.02.028.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

## **Surgery of HOCM in Patients with Severe Hypertrophy, Myocardial Fibrosis and Ventricular Tachycardia (Commentary)**

Standard surgical treatment of obstructive hypertrophic cardiomyopathy (HCM) is transaortic septal myectomy, a procedure that is widely performed, has very low mortality, and provides durable relief of left ventricular outflow tract (LVOT) obstruction. Other surgical methods to relieve dynamic LVOT gradient associated with obstructive HCM include transmitral myectomy, septal myectomy performed through a left ventriculotomy, and mitral valve replacement or repair. Reducing septal thickness through a right ventriculotomy was first described by Bokeriia et al in 15 pediatric patients.[1] These authors incised the conal part of the right ventricle and performed a “right sided” septal myectomy without entering the left ventricular cavity. Excision of a third to half of right sided septal muscle may relieve obstruction by allowing the septum to shift slightly rightward during systole, thereby alleviating systolic anterior motion of the mitral valve and the dynamic LVOT gradient.

In this paper [2], Dr. Borisov describes his experience with right ventricular septal myectomy in 11 patients with obstructive HCM and ventricular arrhythmias. The author postulates that abolishment of arrhythmias is due to LVOT gradient relief and excision of areas of fibrosis as detected preoperatively by late gadolinium enhancement (LGE) on cardiac magnetic resonance (CMR) imaging.[3] Endocardial scar excision to treat ventricular arrhythmias in HCM patients with apical pouches/aneurysms has been reported [4], but targeted resection of areas of LGE at the time of myectomy is novel and may be particularly useful in some patient subgroups.

Precise quantification of areas of delayed enhancement can be difficult, but when measured by experts, LGE fibrosis involving more than 20% of the left ventricular myocardium has been associated with increased risk of ventricular arrhythmias and sudden cardiac death.[5] None of the patients in this report by Dr. Borisov had ventricular arrhythmia postoperatively, suggesting that the procedure was effective during the follow-up period that averaged 3 years. Unfortunately, the study does not provide detail on the amount and location of LGE observed in patients prior to operation, and whether any areas

Download English Version:

<https://daneshyari.com/en/article/8652433>

Download Persian Version:

<https://daneshyari.com/article/8652433>

[Daneshyari.com](https://daneshyari.com)