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Ischemic Mitral Regurgitation Treatments After Mitral Annuloplasty

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To the Editor:

We read with interest the article by Bouma et al. [1] published entitled “Preoperative Three-Dimensional Valve Analysis Predicts Recurrent Ischemic Mitral Regurgitation After Mitral Annuloplasty” in *Ann Thorac Surg* 2016;101:567–75. Ischemic mitral regurgitation (IMR) is common, and its presence strongly affects prognosis. Even a mild degree of IMR adversely affects survival, with a strongly graded relationship between severity and reduced survival [2]. As noted in this study, mitral valve repair with undersized ring annuloplasty is currently the preferred treatment strategy for IMR [3-4].

Patient’s characteristics was analyzed in table 1. The ring types used in the study are left to the surgeon’s discretion and the ring type selection reason is not mentioned. We have some doubts about used ring types for mitral annulus. What was the selection criteria for rigid, or semirigid or flexible?

Both coronary bypass operation and mitral annuloplasty have recovery affect on cardiac functions [5]. The reason of recovery in nonrecurrent IMR patients at postoperative period is not mentioned in the methodology , as because of coronary bypass or undersized ring annuloplasty affect.

Although undersized ring annuloplasty is mentioned as a recommended repair technique for IMR, outcomes are not good as expected. We should work on new techniques that should achieve complete coaptation of the mitral leaflet free edge in systolic phase. Therefore, we can not argue that an acceptable repair procedure has been performed unless a complete coaptation is achieved in the mitral valve. The intraoperative coaptation depth should have an impact as a prognostic factor in postoperative IMR recruitment, it could be useful to use it in the study.

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