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Breaking the rules: Treating mitral valve pathology in patients with arrhythmogenic right ventricular dysplasia**Samer Kassem**

Centro Cardiologico Monzino, Italy

Introduction: According to current guidelines, in patients with valvular heart disease (VHD), cardiac surgery should be considered before severe ventricular dysfunction develops.

Methods: A 67-years old man was referred to us with moderate mitral regurgitation (MR). He was previously diagnosed at our center for arrhythmogenic RV dysplasia (ARVD), managed with transcatheter ablation (TCA) for atrial fibrillation (PAF) and an implantable cardioverter defibrillator (ICD) to prevent paroxysmal further malignant arrhythmias.

Results: The preoperative transthoracic echocardiogram (TTE) showed bad RV and preserved LV function. Although the MV was not on time for surgery, we decided to treat the patient to prevent biventricular dysfunction. The patient successfully underwent mitral valve replacement (MVR), without any attempt to repair the valve, to reduce the time on cardiopulmonary bypass (CPB) and left atrial appendage (LAA) closure. The postoperative (PO) course was uneventful and the patient was discharged on the PO day 7th.

Conclusion: The indication for MV surgery changes in presence of ARVD or RV failure due to other conditions. In normal population, surgery is performed in case of severe MR, as suggested by current guidelines, while in these patients, when the MR is still moderate we cannot no longer wait and see. According to our experience, this can be considered the right time to indicate surgery.

Biography

Samer Kassem is a Cardiac Surgeon who works at Centro Cardiologico Monzino in Milan, Italy. His working experience began with general surgery. Since 2004, he stably operates at Centro Cardiologico Monzino, where he found the excellence in cardiac surgery and most of all, the opportunity to develop new personal surgical techniques in different fields.

Samer.Kassem@cardiologicomonzino.it

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