

Ondrášek J.

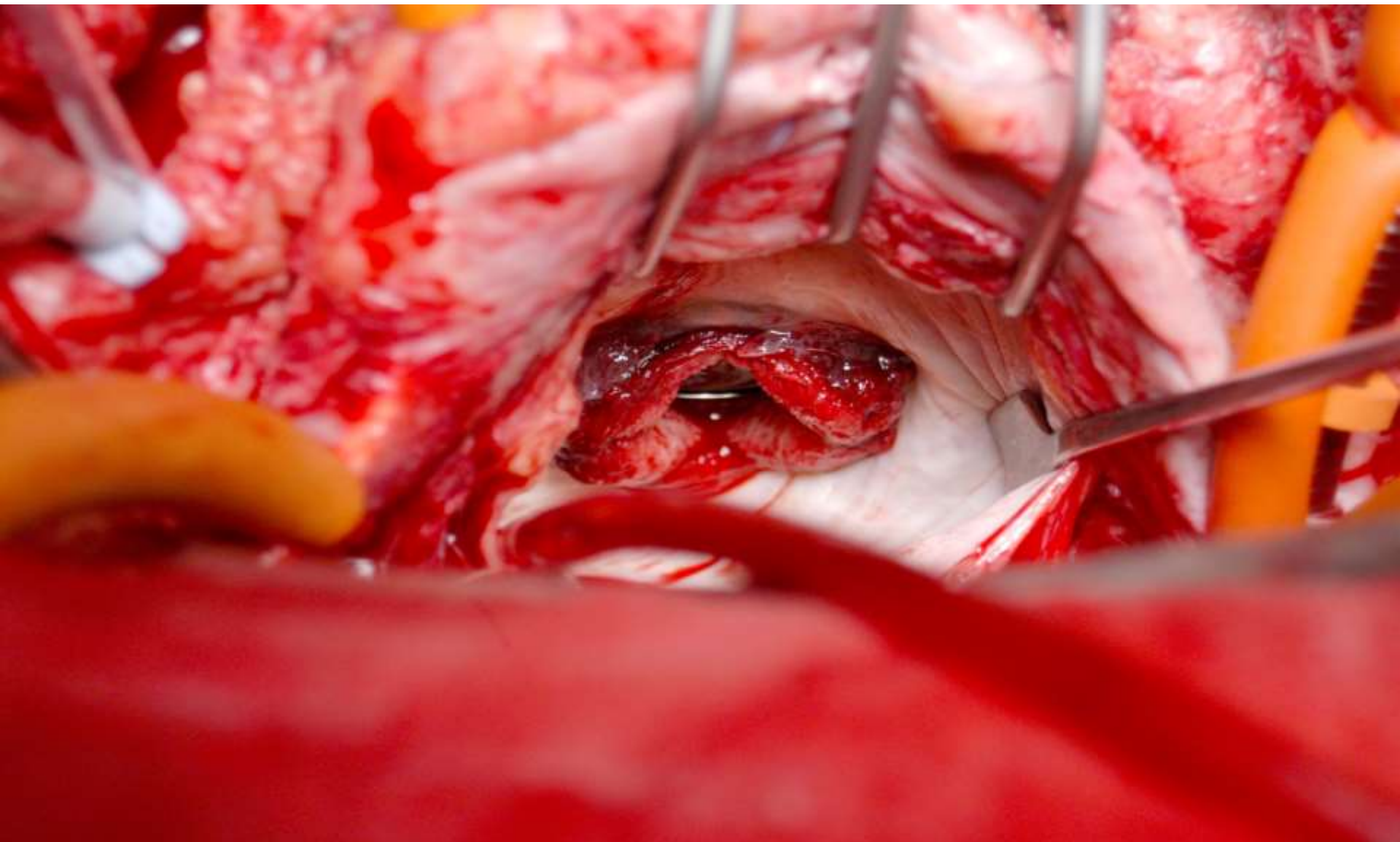
CKTCH Brno

CKTCH BRNO



Specifické komplikace po operacích na mitrální chlopni

266c1f1c6e kowb1jksce bo o6erac1c1u na w1f1r1j1u1 c1j1ob1u1

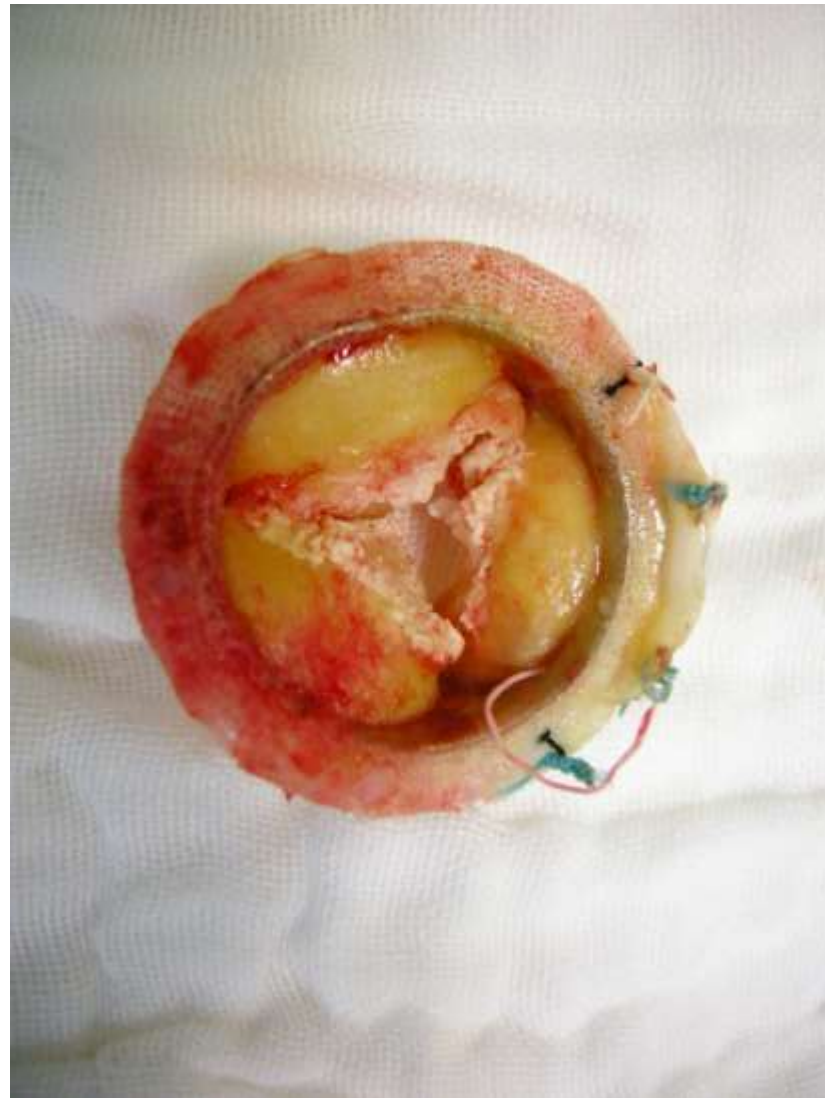


CKTCH Brno

CKLCH BLNO



Mechanická náhrada - panus, trombóza
Biologická náhrada - degenerace



CKTCH Brno

CKLCH BLUO



Mechanická náhrada - panus, trombóza
Biologická náhrada - degenerace

Poprvé referováno v roce 1967 (Morrow, Roberts)

Incidence 0,5-2%

Mortalita 50-93%

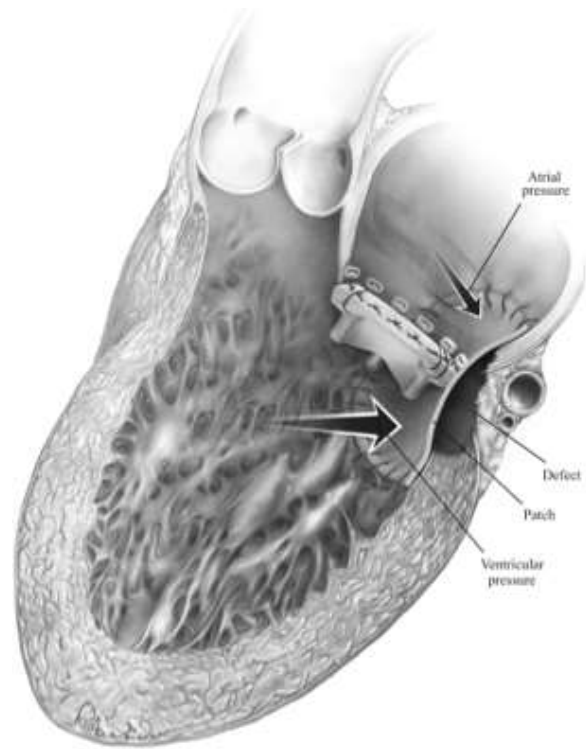
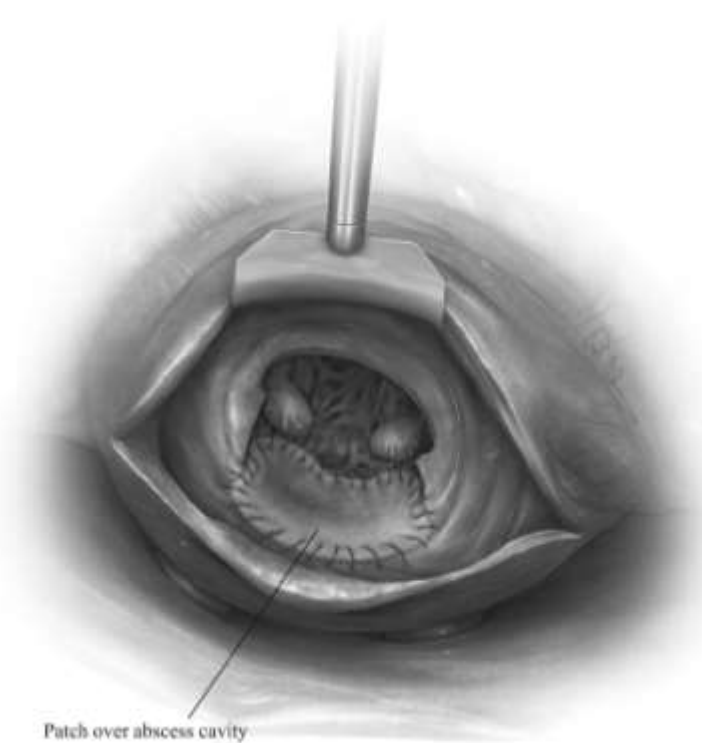
Predispozice

- kalcifikace mitrálního anulu
- excize závěsného aparátu
- endokarditida s anulárním abscesem
- tlak strutu chlopně
- příliš velká chlopeň

3 typy ruptur LK

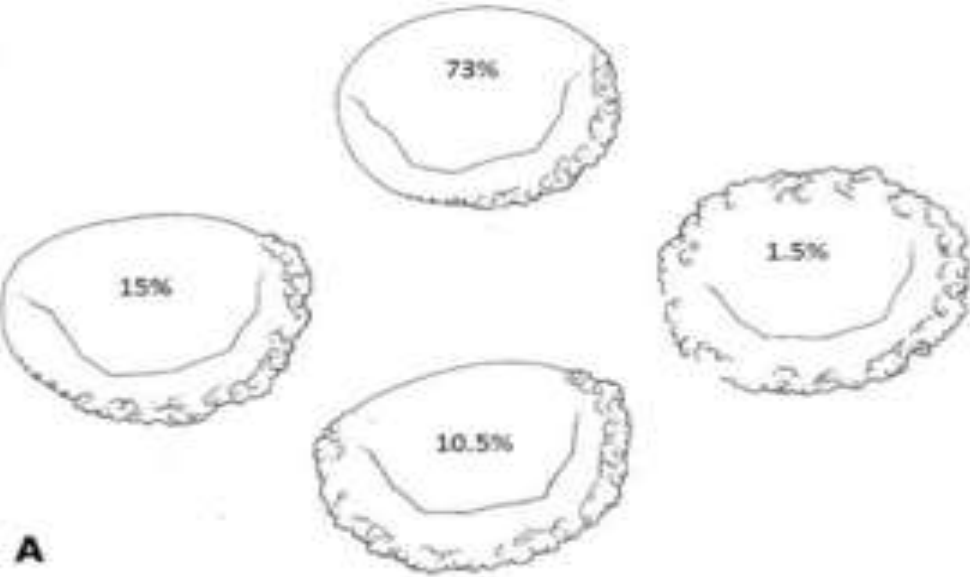
- A-V spojení,
- baze papiárního svalu
- mezi



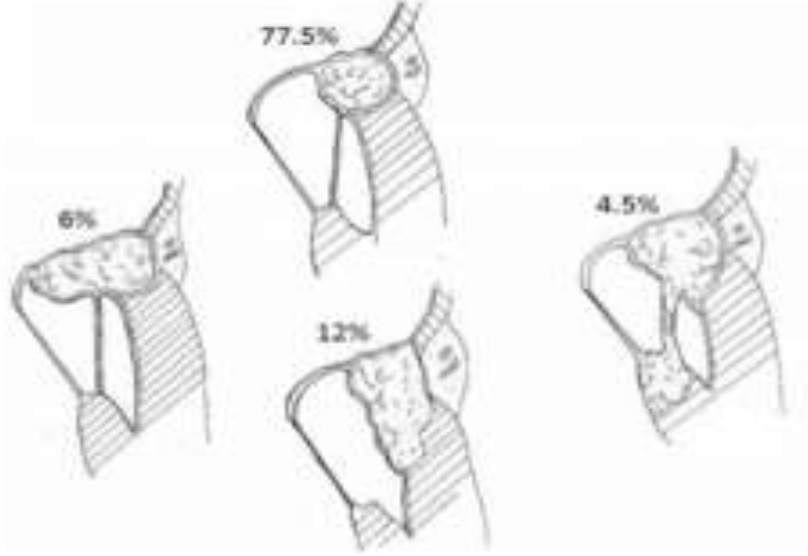


Klasifikace dle Carpentiera

Principy léčby dle Carpentiera, Davida



A



B

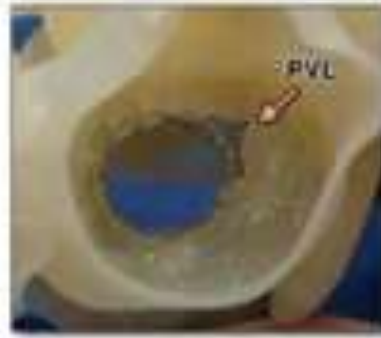
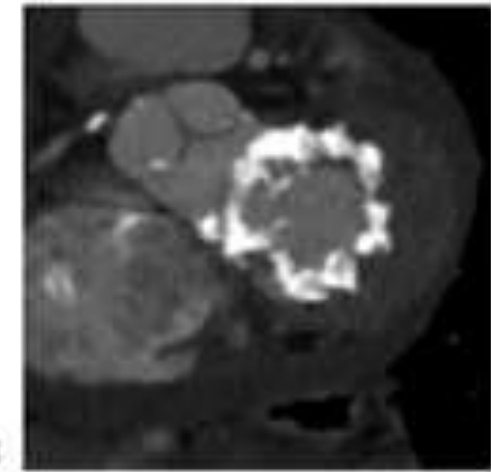
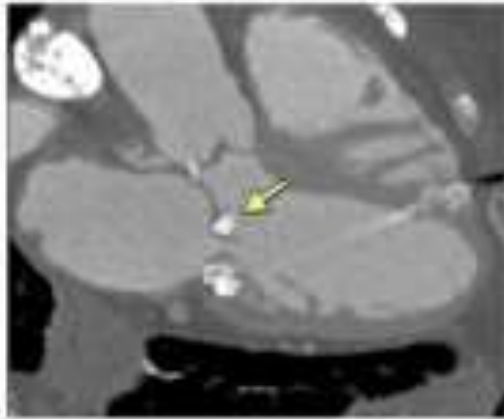


Implantace transkatetrové chlopně Sapien 3



Dislokace, paravalvulární leak, obstrukce LVOT





Heart. 2011 Jul;97(13):1074-81. doi: 10.1136/hrt.2010.219576. Epub 2011 May 20. **Impact of prosthesis--patient mismatch after mitral valve replacement: a multicentre analysis of early outcomes and mid-term survival.** Shi WY1, Yap CH, Hayward PA, Dinh DT, Reid CM, Shardey GC, Smith JA.

Overall, PPM was not associated with poorer early outcomes or mid-term survival. Oversizing valves may be technically hazardous and do not yield superior outcomes. Easier implantation by appropriate sizing appears justified.

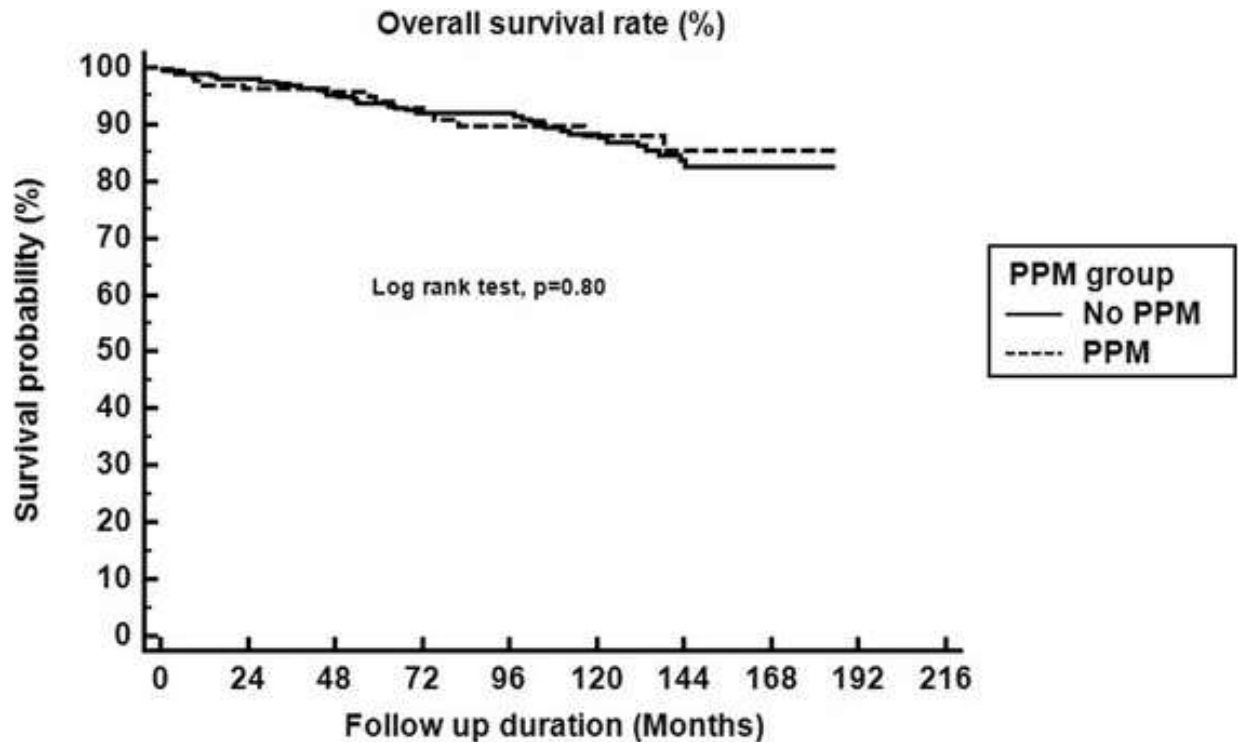
significant if $\leq 1.2 \text{ cm}^2/\text{m}^2$

moderate if $> 0.9 \text{ cm}^2/\text{m}^2$ and $\leq 1.2 \text{ cm}^2/\text{m}^2$

severe if $\leq 0.9 \text{ cm}^2/\text{m}^2$



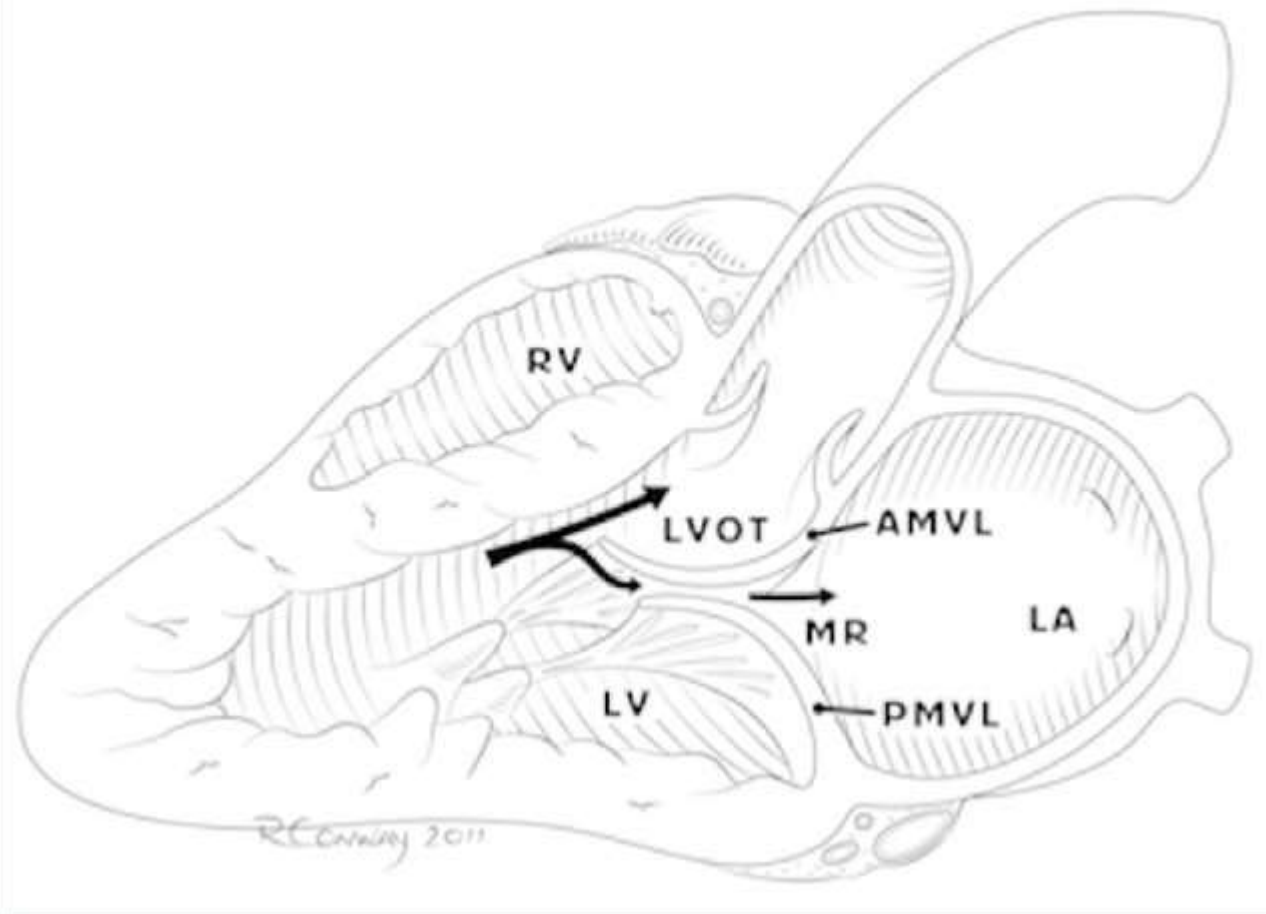
J Cardiothorac Surg. 2017 Oct 10;12(1):88. doi: 10.1186/s13019-017-0653-x. **Impact of prosthesis-patient mismatch after mitral valve replacement in rheumatic population: Does mitral position prosthesis-patient mismatch really exist?** Lee SH1, Chang BC1, Youn YN1, Joo HC1, Yoo KJ1, Lee S2.



Number at risk

Group: No PPM	0	24	48	72	96	120	144	168	216
280	274	246	217	181	138	85	42	0	
Group: PPM	0	24	48	72	96	120	144	168	216
165	159	131	90	66	51	30	14	0	



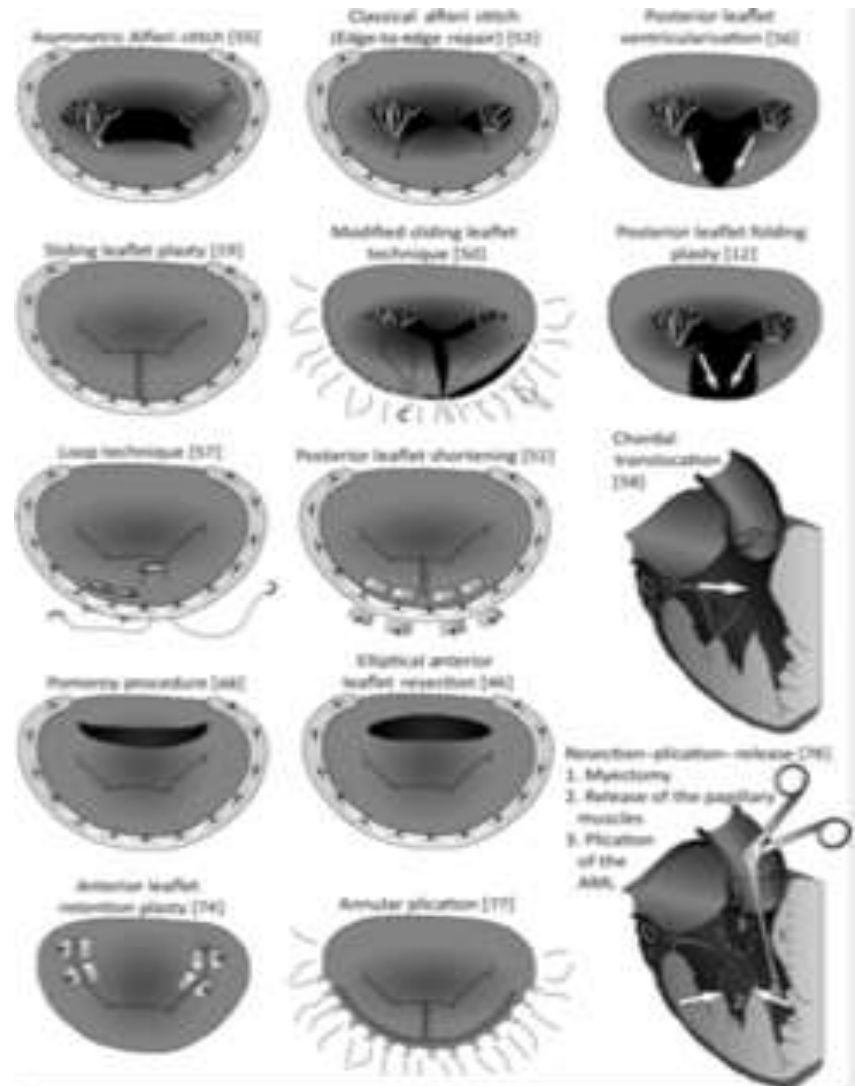


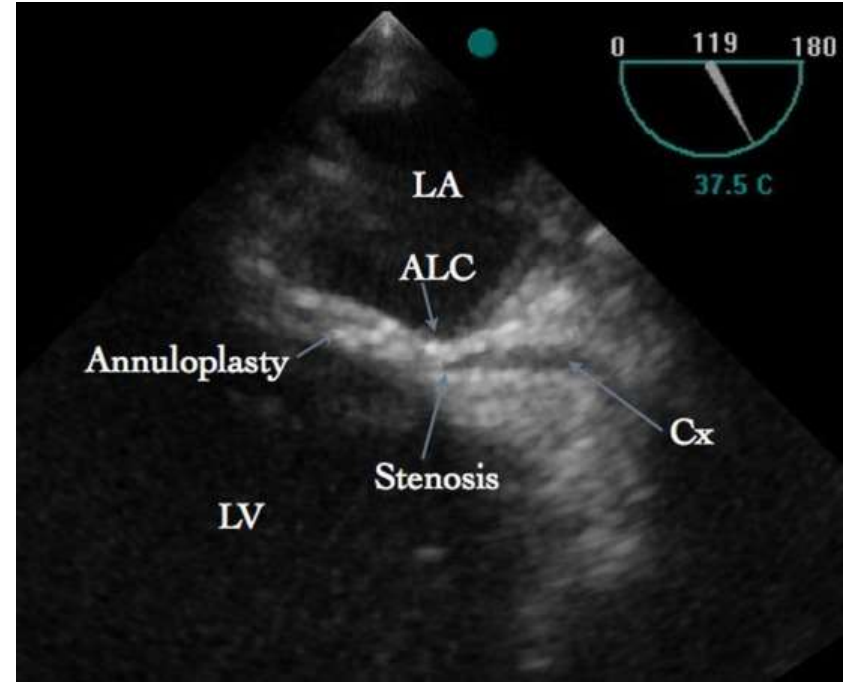
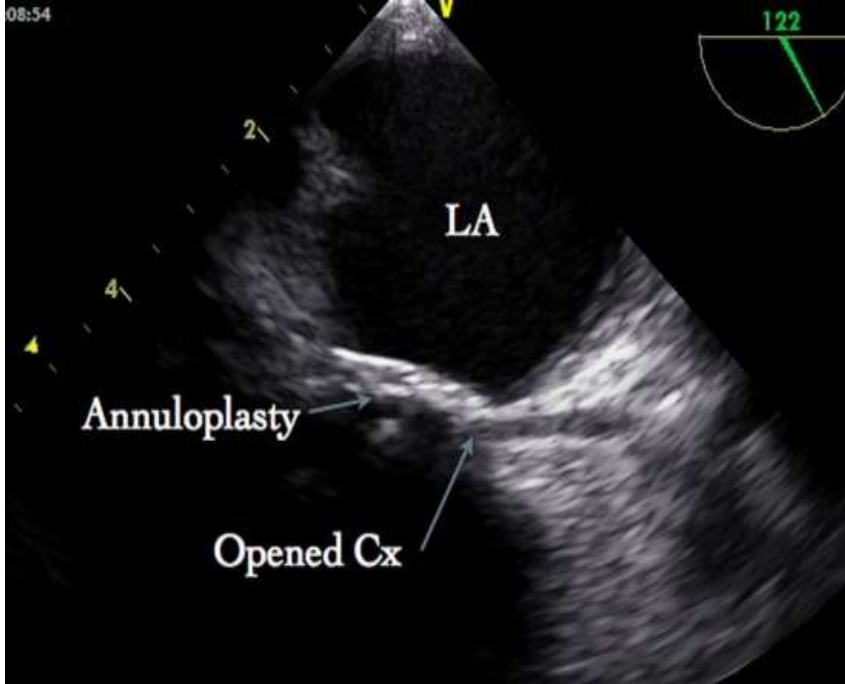
Výška ZC méně 15mm
Hypertropické septum
Displacement PPS (HOM)
EF nad 60%
Úhel větší jak 120 st.
Velikost a tvar ringu

Doplnění volumu
Betablokátory
Alfa agonisty



Chirurgické techniky léčby SAM





Catheter Cardiovasc Interv. 2017 Jan;89(1):78-92. doi: 10.1002/ccd.26449. Epub 2016 Feb 19. **Circumflex coronary artery injury after mitral valve surgery: A report of four cases and comprehensive review of the literature.** [Hiltrop N1](#), [Bennett J1,2](#), [Desmet W1,2](#).

Abstract As the LCx is closely related to the mitral valve annulus, it is susceptible to perioperative injury. Various underlying mechanisms, predisposing factors, and therapeutic strategies have been suggested but disagreement exists. Using a MeSH terms-based PubMed search, 44 cases of mitral valve surgery-related LCx injury were detected, including our 4 cases. We provide a comprehensive review of current knowledge regarding mitral valve surgery-related left circumflex coronary artery (LCx) injury. Preoperative coronary angiography was performed in 55% (n = 24). Coronary abnormalities were present in 11% (n = 5). Coronary dominance was reported in 73% (n = 32), predominantly showing left (69%, n = 22) or balanced (19%, n = 6) circulations. Right coronary dominance was present in 12% (n = 4). Ischemia was detected in the perioperative or early postoperative phase in 86% (n = 30). Delayed symptoms were present in 14% (n = 5). Echocardiography demonstrated new regional wall motion abnormalities in 80% (n = 24), but was negative in 20% (n = 6) despite coronary compromise. Electrocardiography showed myocardial ischemia in 97% (n = 34), including regional ST-segment elevations in 68% (n = 23). **Primary treatment was surgical in 42% (n = 15) and percutaneous in 58% (n = 21), reporting success ratios of 87% (n = 13) and 81% (n = 17), respectively.** We confirm an augmented risk of mitral valve surgery-related LCx injury in balanced or left-dominant coronary circulations. Preoperative knowledge of coronary anatomy does not preclude LCx injury. **An anomalous LCx arising from the right coronary cusp was identified as a possible specific high-risk entity. Electrocardiographic monitoring and intraoperative echocardiography remain paramount to ensure a timely diagnosis and treatment.**



XA/2/1
Fr: 59
Coro 2020

CKTCH



32.1 LAO
21.6 CAU
88.3 kV
752.0 mA
Velikost pixelu: 0.279 mm
W: 151 L: 128

J Cardiol Cases. 2013 Dec 13;9(3):104-105. doi: 10.1016/j.jccase.2013.10.013. eCollection 2014 Mar.
iatrogenic occlusion of the circumflex artery and left ventricle pseudoaneurysm after mitral annuloplasty.[Ziadi J1](#), [Mleyhi S1](#), [Denguir R1](#), [Khayati A1](#).

Rev Port Cir Cardiorac Vasc. 2016 Jul-Dec;23(3-4):165-168.
Circumflex Coronary Artery Lesion and Consequent Papillary Muscle Rupture after Chordal Sparing Mitral Valve Replacement.[Monteiro JP1](#), [Rijo D1](#), [Simões Costa S1](#), [Martins D1](#), [Pereira R1](#), [Ribeiro J2](#), [Melica B2](#), [Vouga L1](#), [Guerra M3](#)

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Předoperační koronarografie

TEE peroperačně

Při pochybnostech koronarografie,
event.PCI nebo CABG

- Slepení cípů biologické chlopně časně po implantaci - valvuloplastika
- Trombus levé síně - trombektomie
- Paravalvulární leak - okludér pro hemolýzu
- Pseudoaneuryzma LK





Děkuji za pozornost

