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Early and Late Valve Replacement After Inoue Balloon Mitral Valvotomy

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The need for mitral valve replacement (MVR) after balloon mitral valvotomy (BMV) remains poorly characterized. We reviewed 770 patients over the 3 years after Inoue BMV. MVR was necessary in 4.6% within 30 days (early) and in 6.1% between 30 days and 3 years (late) post BMV. Early MVR was done on the day of BMV in 1.2%, and after the day of BMV but prior to discharge in 1.6%.

	Total	Early MVR	Late MVR
Age	53 ± 14	52 ± 14	57 ± 12*
Echo Score	7.3 ± 2.6	7.4 ± 2.2	8.4 ± 2.7**
MVA pre	1 ± .3	1 ± .3	1 ± .3
MVA post	1.8 ± .6	1.6 ± .6	1.4 ± .5**
MR pre (scale 0-4)	.5 ± .6	.8 ± .9**	.8 ± .8**
MR post	1.1 ± .1	3 ± 1.1**	1.7 ± 1**

* = p < .05, ** = p < .01 vs Total

Early MVR was usually performed for severe mitral regurgitation (MR), while late MVR was for mitral stenosis (MS) in 16%, MR in 45%, or mixed MS/MR in 39%.

Conclusion: MVR is needed in 10.7% of patients during the 3 year post-BMV period. Early MVR is almost entirely for MR complicating the procedure could not be predicted from pre-BMV morphologic characteristics. Late MVR is for a combination of persistent stenosis, restenosis, and increased regurgitation, and is a more frequent occurrence in older patients with more severe valve deformity.