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Late Outcome After Percutaneous Mitral Commissurotomy: Six Year Results of the N. American Inoue Balloon Registry

T. Feldman, H.C. Herrmann, D.A. Rothbaum, T.M. Bashore, S.R. Ramee, J.D. Carroll, G. Dorros, A.D. Pichard, J.M. Isner, R.C. Feldman, S.R. Bailey, D.R. Holmes, W.W. O'Neill, A. Massumi, J.M. Tobis, D.T. Kawanishi. *University of Chicago, Chicago, IL, USA*

Six-year follow-up after Percutaneous Transvenous Mitral Commissurotomy (PTMC) is complete for 290 patients in the Inoue balloon registry. Actuarial freedom from death was 88%, MVR (valve replacement) 73%, and any event (death, MVR or re-PTMC) 63%. Event free survival varied in clinical subsets.

Clinical Group	n	Event Free Survival	р
ECHO Score 0-6	108	77%	
7–9	97	54%	< 0.01
10–12	80	47%	< 0.01
12–16	9	50%	< 0.01
Prior Commissurotomy	45	40%	< 0.01
Age >75 years	19	46%	< 0.03
Atrial Fibrillation	108	59%	NS
MVR Candidate	169	44%	< 0.01

High echo score, advanced age, atrial fib, and prior commissurotomy are associated with less favorable 6 year event free survival vs ideal commis-surotomy patients. Relative risk is 2.3 for prior commissurotomy, 1.1 for each increment of ECHO score and 1.03 for each year of age. Since MVR risk may be high for many of these patients, comparison with MVR is essential to determine the best therapy.