



70TH ESCVS CONGRESS & 7TH IMAD MEETING

20 | 23 JUNE 2022

Liege | Théâtre de Liège | Belgium

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70th ESCVS
International congress of the European Society
of Cardiovascular and Endovascular Surgery



7th IMAD meeting



Moderate MI in CABG—a contemporary approach

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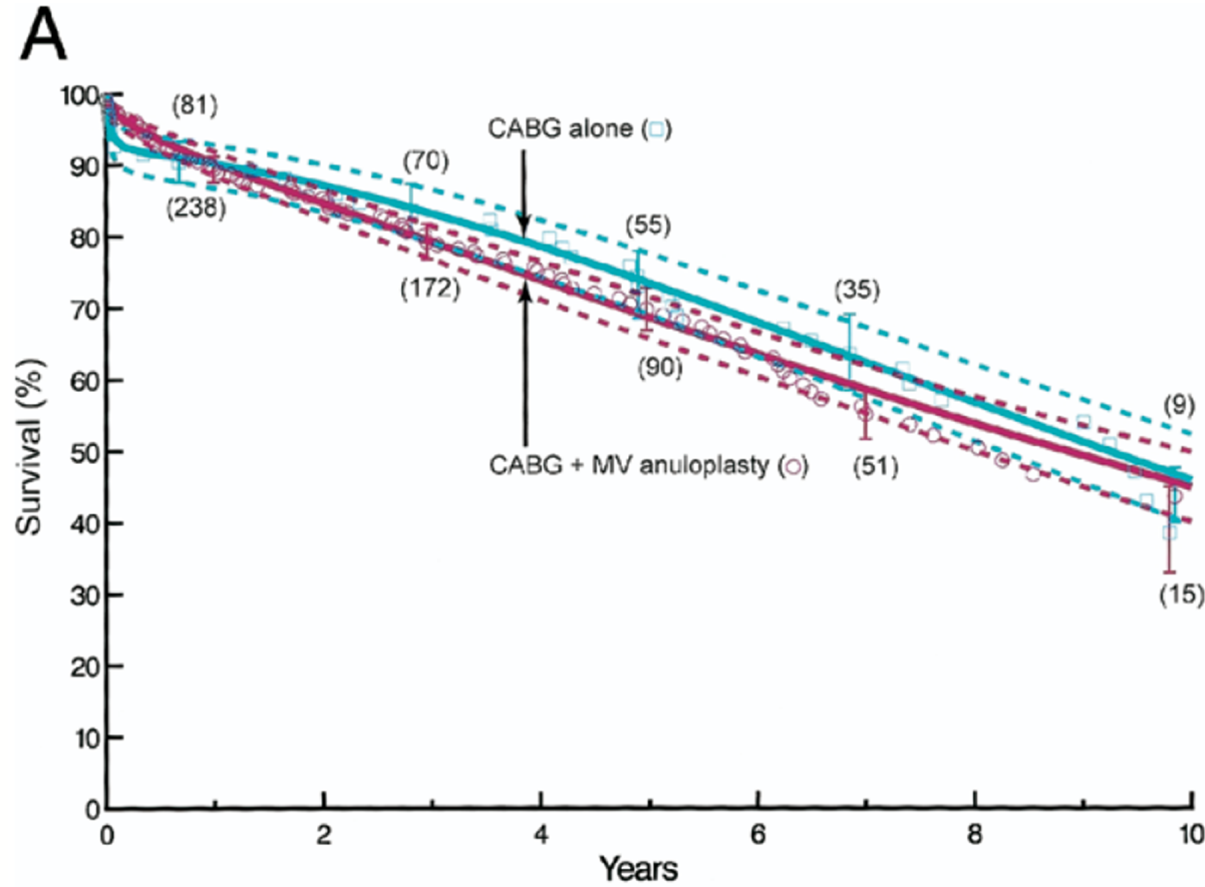
Conflicts of interests

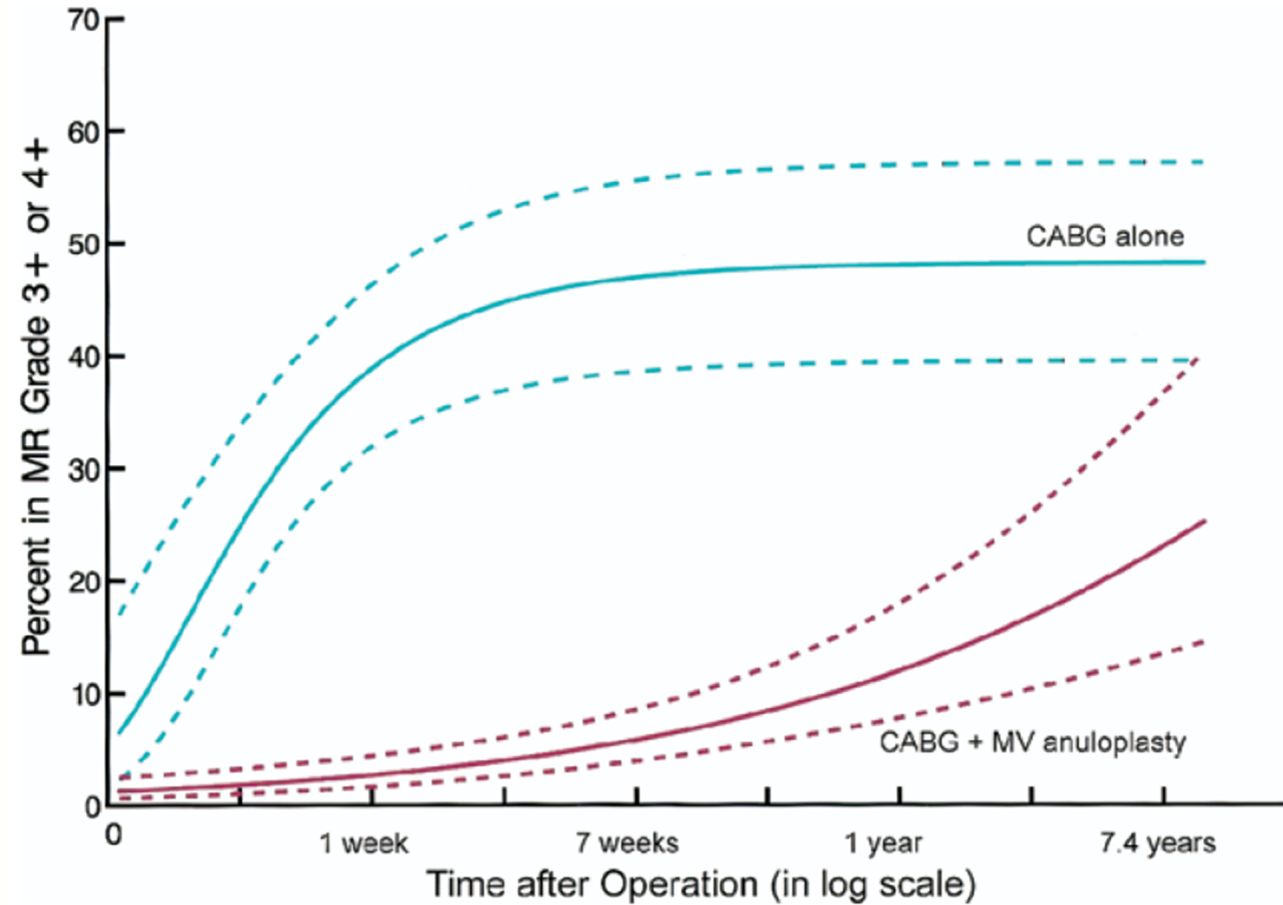
Speaker's honoraria:

Edwards Lifesciences, Medtronic, Vascular Graft Solutions

Educational Grants:

Edwards Lifesciences, Abbott, Corcym



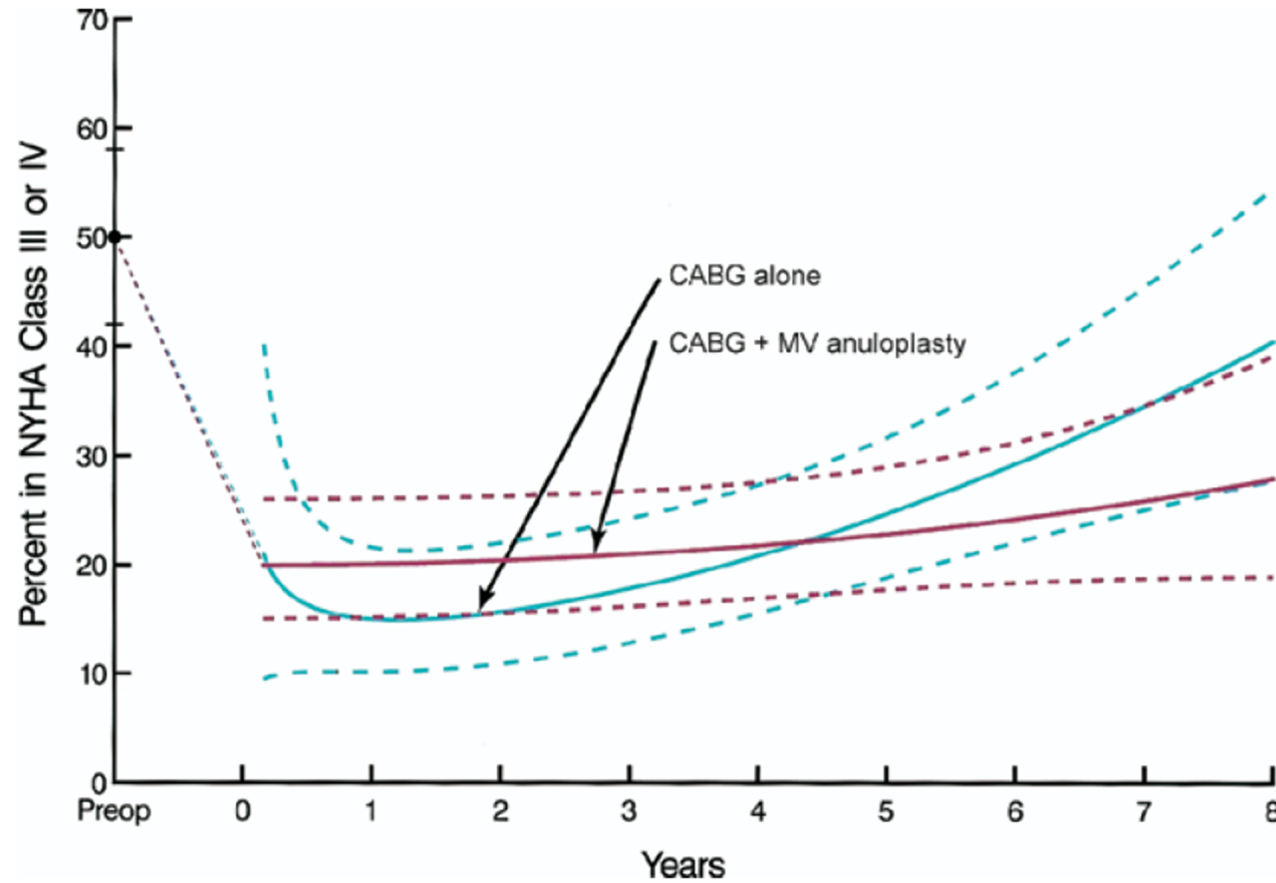


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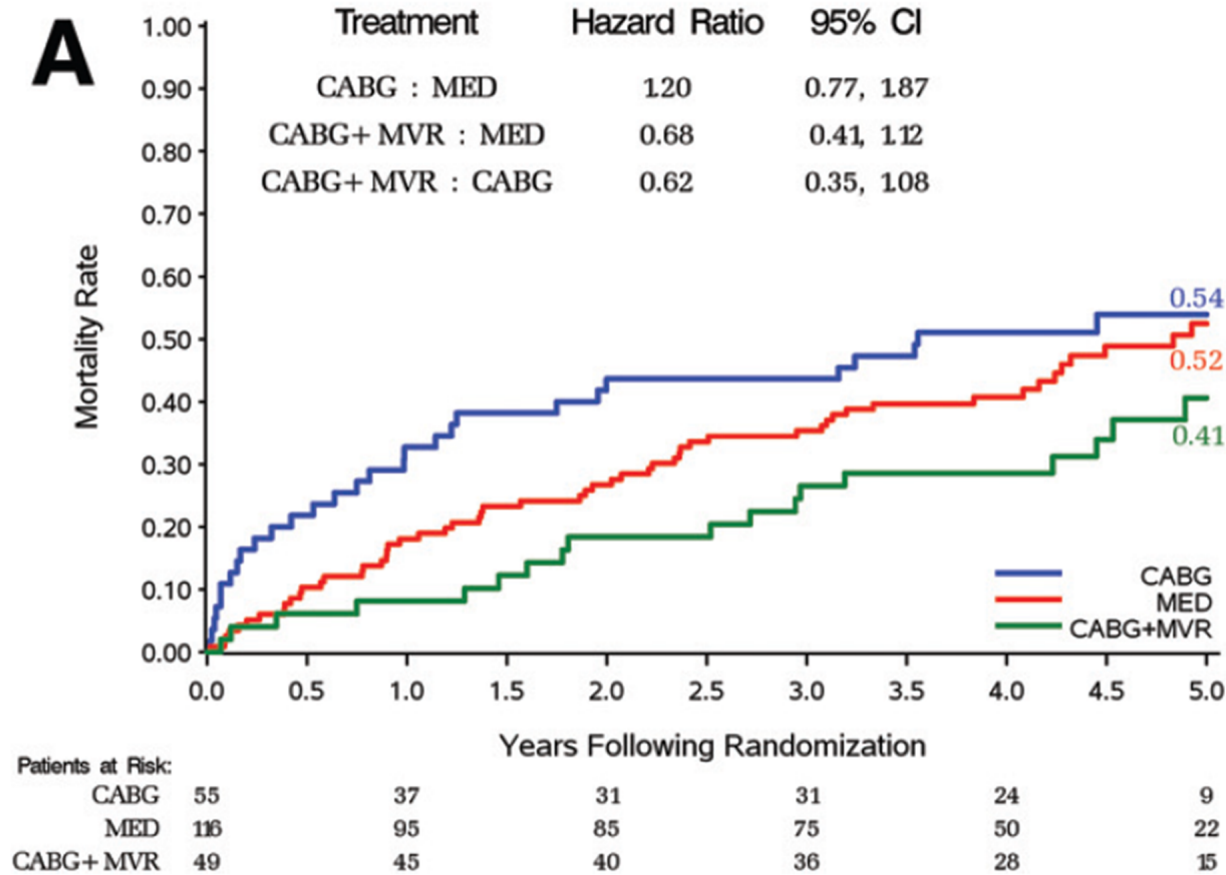


Mihaljevic T, et al. JACC 2007;49:2191-201



Table 3. Study End Points at 1 Year

	CABG (n=32)			CABG+MVR (n=27)			
End Points	Baseline	1 Year	Δ	Baseline	1 Year	Δ	P Value*
Primary end point							
Peak VO ₂ , ml/kg/min	15.1±3.3	15.9±2.5	0.8±2.9	14.8±3.2	18.1±2.9	3.3±2.3	<0.001
Secondary end points							
LV ESVI, ml/m ² †	71.8±16.1	67.4±20.4	−4.4±17.4	78.4±26.5	56.2±14.9	−22.2±25.6	0.002
MR volume, ml/beat†	31.9±14.8	22.7±14.6	−9.2±19.1	35.4±24.0	7.2±3.5	−28.2±24.6	0.001
BNP (pg/ml)	681.4±197.3	286.7±132.0	−394.7±213.6	748.1±158.3	190.7±117.8	−557.4±182.9	0.003



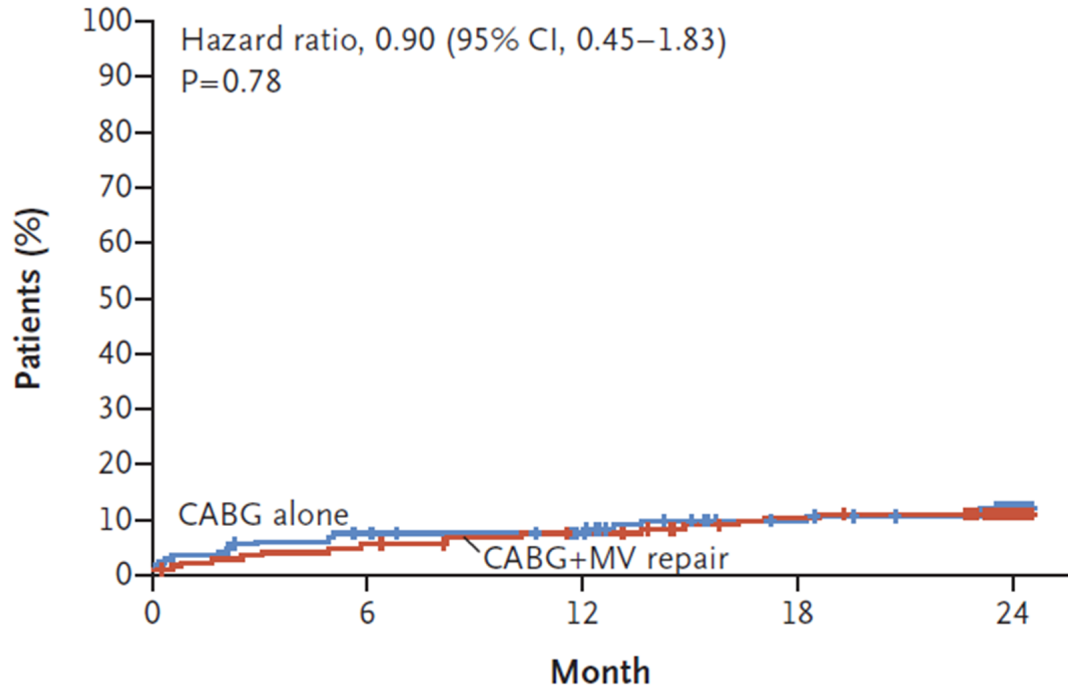
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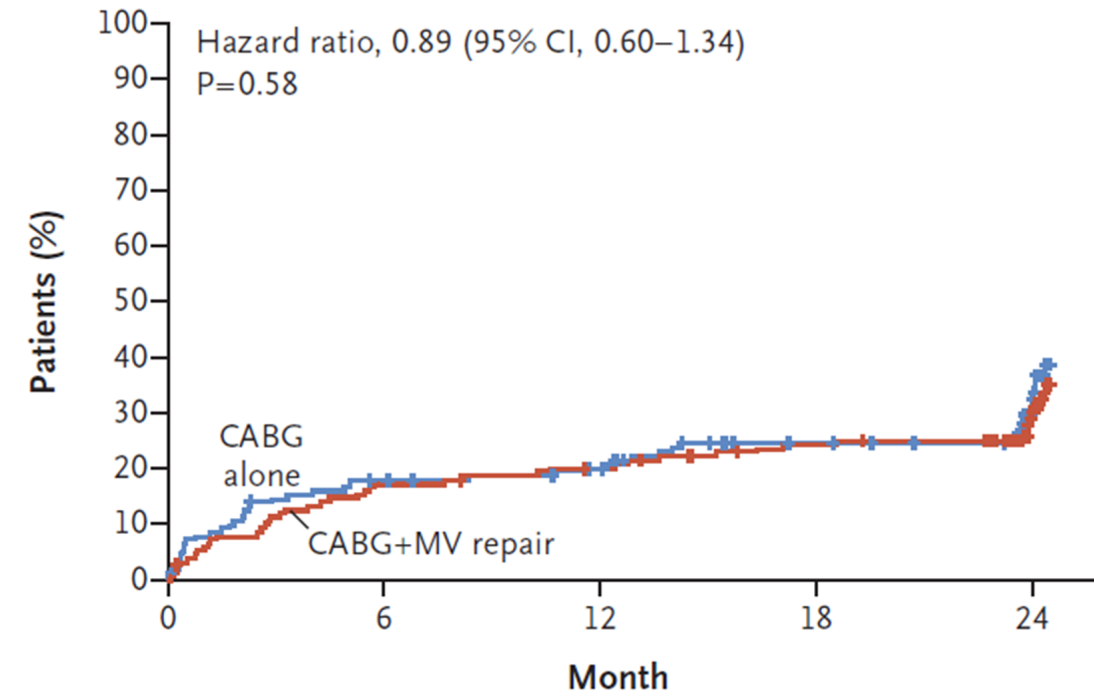
A Death



No. at Risk

CABG alone	151	138	132	117	66
CABG+MV repair	150	142	136	126	80

B Major Adverse Cardiac or Cerebrovascular Event



No. at Risk

CABG alone	151	121	113	96	53
CABG+MV repair	150	123	117	106	64

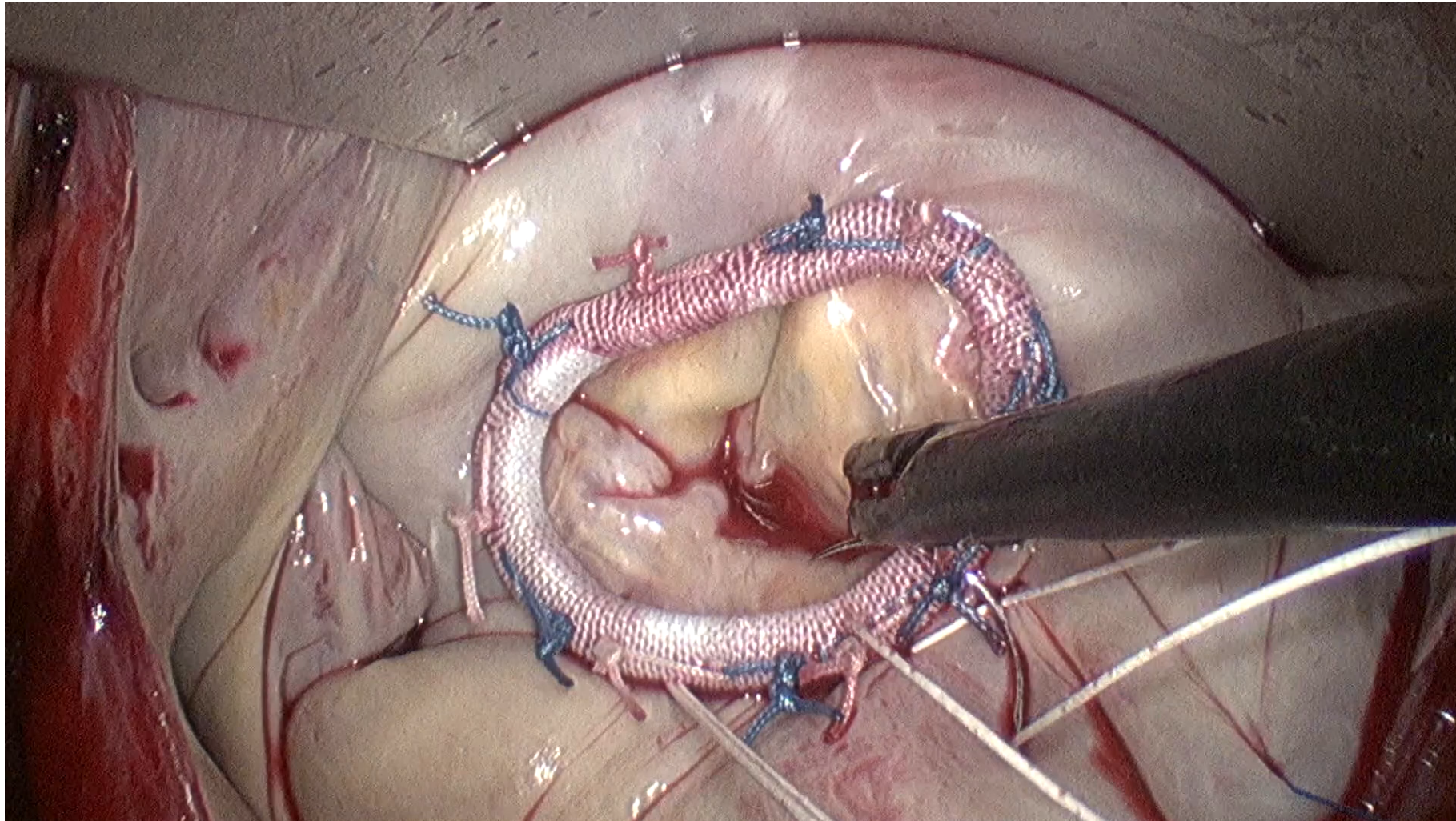
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Conclusions

- Moderate MR in ischemic CMP
 - Gold rule: only CABG
 - Identify pts with benefit for MVR
- No prognostic benefit
- Restrictive annuloplasty: MR recurrency
- Initial benefit for Echo and NYHA disappears
- If MVR: add subvalvular techniques