

## Secondary mitral regurgitation – when surgery "may be considered"

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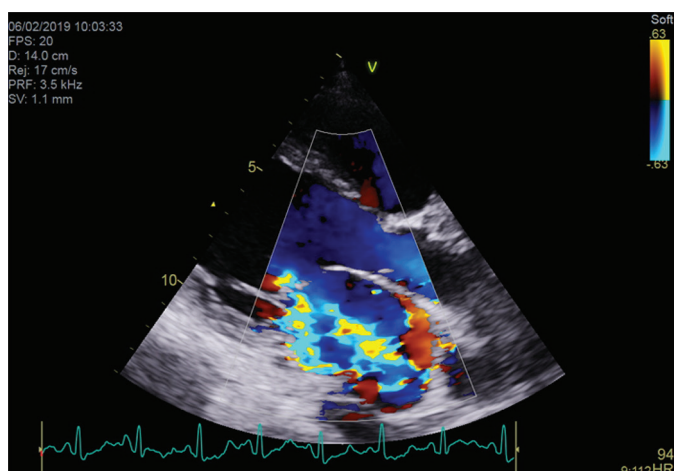
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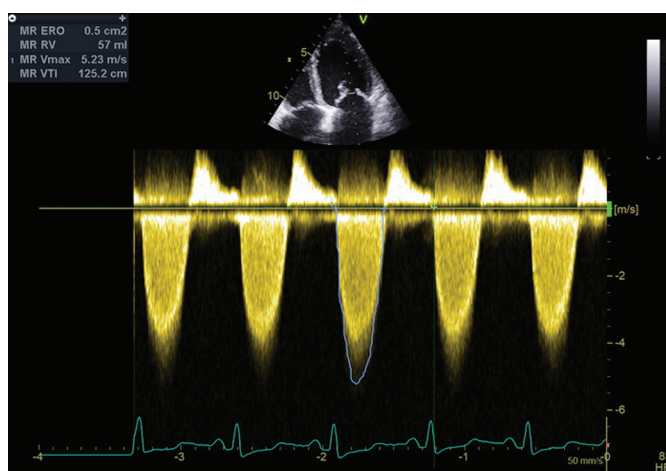
**Introduction:** Secondary mitral regurgitation (MR) is a dynamic myocardial disease accompanying cardiomyopathy and coronary artery disease.<sup>1-4</sup>

**Case report:** We present a case of 63-year-old patient with long standing cardiomyopathy after breast cancer chemotherapy. Her left ventricle (LV) is slightly dilated with moderately impaired systolic function (estimated EF 30%) and severe diastolic dysfunction. Significant MR (**Figure 1**, **Figure 2**) has been present for years but patient's condition deteriorated rapidly with frequent admissions for heart failure despite optimal medical therapy. Upon last discharge echocardiography showed slight improvement in LV systolic function and persistent severe secondary MR. She has no significant coronary artery disease or indication for CRT.

**Discussion and Conclusion:** Severe secondary MR is in most cases treated conservatively, especially in the absence of other surgical indication. According to guidelines mitral valve intervention (surgery or transcatheter procedure) may be considered in refractory cases after heart team discussion. Our patient was subsequently scheduled for mitral valve replacement.



**FIGURE 1.** Parasternal long axis view showing dilated left ventricle and significant mitral regurgitation into dilated left atrium.



**FIGURE 2.** Mitral quantification using the proximal isovelocity surface area (PISA) method – effective regurgitant orifice area (EROA) 0.5 cm<sup>2</sup>, right ventricle (RV) 57 ml.

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### LITERATURE

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