



Approach to primary and secondary Mitral Regurgitation

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Mitral Regurgitation (MR) is the second most frequent indication for valve surgery in many countries. Surgery is indicated in symptomatic patients with severe primary MR, but in asymptomatic patients some indications should be considered to make an appropriate decision. These indications includes LVEF<60%, LVESD>40 mm, AF secondary to MR and PAP>50mmHg or PAP>60mmHg on exercise echocardiography MV repair is preferred technique when the results are expected to be durable.

I secondary MR, the valve leaflets and chordae are structurally normal and MR results from an imbalance between closing and tethering forces on the valve secondary to alterations in LV geometry.

Although in secondary MR, lower threshold have been proposed to define severe MR compare with primary MR, no survival benefit have been confirmed for reduction of secondary MR.

The severity of secondary MR should be reassessed after optimized medical treatment.

In contrast to primary MR, medical treatment is invaluable in secondary MR and surgery is mostly recommended when CABG concomitantly is needed.

