

**Early post-Operative Results in Cases of Moderate  
Ischemic Mitral Regurgitation in Patients Doing CABG Alone  
Versus those Doing CABG with Mitral Valve Repair**

**Thesis**

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## **Summary**

The purpose of this study is to determine whether the surgical management of moderate IMR is to revascularize only or to revascularize combined with mitral valve repair. **Methods:** In the period between April 2014 and November 2014, 40 patients with moderate ischaemic mitral regurgitation (IMR) divided into two equal groups underwent open heart surgery at the Kasr El-Aini Hospital, Cardiothoracic Surgery Department. Group (I) had both CABG surgery associated with MV repair, while Group (II) underwent CABG surgery alone to assess the early post-operative results among patients underwent revascularization combined with mitral valve repair compared to those underwent revascularization alone. All patients will be evaluated thoroughly preoperative, intra-operative, and post-operative. Particular attention will be paid to clinical findings of presence of mitral regurgitation, its nature and degree, pre- and postoperative echocardiographic findings of mitral regurgitation, postoperative ICU events including the duration of mechanical ventilation, ICU stay and hospital stay. **Results:** The efficacy of adding mitral valve repair to coronary artery bypass grafting is well demonstrated by the improvement of New York Heart Association functional class and by the decrease of mitral regurgitation grade. Moreover, coronary artery bypass grafting alone left more patients with residual mitral regurgitation. Combined coronary artery bypass grafting and mitral valve repair have no effect on survival at short-term follow-up. **Conclusion:** That caution has to be taken into consideration while making operative decisions. That a procedure to address the mitral valve in moderate IMR should be considered in patients with a worse preoperative left ventricular profile. That every effort must be made to try to graft the diseased right coronary artery or its posterior descending branch in

patients with moderate IMR as this may help into the regression of mitral regurgitation.

**Key words:** Moderate, Ischemic Mitral Regurgitation, CABG, Mitral Valve Repair.