



Жоба тықырыбы: Митральді клапанның минимальді- инвазивті оң жақтық торақтомия өткізілген хирургияның ерте және ұзақ мерзімді нәтижелері

Орындаған: Рахышев Диас Ауесханұлы

Есеп

Науқас 60 жаста. Ревматоидты эндокардитпен сырқаттанғандықтан антибиотиктермен емделген. Уақыт өте жағдайы нашарлап кетіп больницаға түсті.

■ PICO бойынша:

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- I- Антибиоткотерапия
- C- Оң жақтық торакотомия
- O- жағдайының жақсаруы


Сұрақ

Ревматоидты эндокардитпен сырқаттан науқасқа антибиотикотерапияның орнына оң жақтық торакотомиядан кейін науқас жағдайы жақсарады ма?


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Early and long-term outcomes of minimally invasive mitral valve surgery through right minithoracotomy: a 10-year experience in 1604 patients.

Glauber M¹, Miceli A², Canarutto D³, Lio A⁴, Murzi M⁵, Gilmanov D⁶, Ferrarini M⁷, Farneti PA⁸, Quaini EL⁹, Solinas M¹⁰.

Author information

Abstract

BACKGROUND: To report early and long-term outcomes of patients undergoing minimally invasive mitral valve surgery (MIMVS) through right mini-thoracotomy (RT) over a 10-year period.

METHODS: From September 2003 to December 2013, a total of 1604 consecutive patients underwent MIMVS through RT.

RESULTS: The mean age was 63 ± 13 years, 770 (48 %) patients were female and 218 (13.6 %) had previous cardiac operations. The most predominant pathology was degenerative disease (70 %), followed by functional mitral valve regurgitation (12 %), rheumatic disease (9.4 %), endocarditis (5 %) and prosthetic dysfunction (3.2 %). Mitral valve repair was performed in 1137 (71 %) patients and 476 (29 %) had mitral valve replacement. Direct aortic cannulation was achieved in 1325 (83 %) patients. Among patients with degenerative disease candidate for repair (n = 958), rate of mitral valve repair was 95 %. Repair techniques included annuloplasty (95 %), leaflet resection (63 %), neochordae implantation (16 %) and sliding plasty (11 %). Concomitant procedures included tricuspid valve repair (14.6 %), atrial fibrillation ablation (9.5 %) and atrial septal defect closure (3.2 %). Overall in-hospital mortality was 1.1 %. Thirty-four patients (2.1 %) had conversion to sternotomy. Incidence of stroke was 2 %. Overall survival at 10 years was 88 ± 2 %. Freedom from reoperation at 10 years was 94 ± 2 % for repair and 80 ± 6 % for replacement. Freedom from recurrent mitral regurgitation >3+ at 10 years was 90 ± 3 %.

CONCLUSIONS: Minimally invasive mitral valve surgery is a safe and reproducible approach associated with low mortality and morbidity, high rate of mitral valve repair and excellent late results.

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Early and long-term outcomes of minimally invasive mitral valve surgery through right minithoracotomy: a 10-year experience in 1604 patients

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Background

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Methods

From September 2003 to December 2013, a total of 1604 consecutive patients underwent MIMVS through RT.

Results

The mean age was 63 ± 13 years, 770 (48 %) patients were female and 218 (13.6 %) had previous cardiac operations. The most predominant pathology was degenerative disease (70 %), followed by functional mitral valve regurgitation (12 %), rheumatic disease (9.4 %), endocarditis (5 %) and prosthetic dysfunction (3.2 %). Mitral valve repair was performed in 1137 (71 %) patients and 476 (29 %) had mitral valve replacement. Direct aortic cannulation was achieved in 1325 (83 %) patients. Among patients with degenerative disease candidate for repair ($n = 958$), rate of mitral valve repair was 95 %. Repair techniques included annuloplasty (95 %), leaflet resection (63 %), neo-chordae implantation (16 %) and sliding plasty

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Тақырыбы:

Митральді клапанның минимальді-инвазивті
оң жақтық миниторақтомия өткізілген
хирургияның ерте және ұзақ мерзімді
нәтижелері

Background

Mitral valve surgery using conventional full sternotomy (FS) is the conventional approach for the treatment of the mitral valve disease. Despite this procedure has shown excellent postoperative outcomes, in the last two decades minimally invasive mitral valve surgery (MIMVS) has gained consensus among surgeons as it has provided greater patients satisfaction, maintaining the same quality and safety of the standard mitral valve surgery approach. According to a statement from the American Heart Association, the term “minimally invasive” refers to a small chest wall incision that does not include a FS [3]. The most common MIMVS approach is the right thoracotomy (RT) followed by the partial sternotomy. Compared with conventional surgery, MIMVS has been shown excellent results in terms of mortality, morbidities and pain, providing shorter hospital stay, faster recovery and return to normal activities which translate into less use of rehabilitation resources and healthcare costs . The aim of our study is to report early and long-term outcomes of consecutive patients who had undergone mitral valve surgery using RT during a 10-year period.

Сертнометрия әдісі митральді клапан ақаулықтарының стандартты хирургиялық емі болып табылады. Минимальді-инвазиялық хирургияда бұл тәсіл 20 жыл ішінде жақсы нәтиже көрсетті, хирургтар арасында жақсы консенсусқа ие болды, сонымен қатар науқастарды қанағаттандырды , өйткені стандартты сапалы және қауіпсіз хирургиялық тәсілі болғандықтан. Американдық жүрек ассоциациясы «минимальді-инвазияға» сертнометрия әдісі жатпайтының жариялады. 2003ж бастап МКМИХ-да көп қолданатын тәсіл ол оң жақтық торакотомия әдісі. Торакотомия операциядан кейінгі өлім, сырқаттанушылық, ауру сезімі, неғұрлым жылдам қалпына келуіне және қаражат жағынан шығыны аз. Ал кемшілігі бұл тәсілдің стандартты хирургиялық тәсілге қарағанда күрделі және жұмыс ауырлығы жоғары. Зерттеудің мақсаты 10 жыл ішіндегі ОТ арқылы митральді клапанға жасалған операциялардың ерте және ұзақ мерзімді нәтижелеріне есептеме беру.

Methods

A retrospective, observational study was undertaken of prospectively collected data in 1800 consecutive patients undergoing mitral valve surgery, of which 1604 underwent MIMVS through RT between September 2003 and December 2013 (Fig. 1). One hundred and ninety-six procedures were performed in sternotomy. The ethical committee approved the study, and individual consent was waived. The main outcomes investigated were early and late mortality, perioperative complications, and freedom from MR recurrence and reoperation.

Әдістер

Зерттеуге 2003ж бастап 2013ж аралығында 1800 митральді клапанына операция жасалған науқастардың деректері жиналған, оның ішінде 1604 науқасқа МКМИХ ОТ арқылы, 196 науқасқа стренотомия әдісімен жасалған. Этикалық комитет зерттеуді мақұлдады, сондықтан науқастардан жеке ақпараттық келісім алынбады. Зерттелудің нәтижелері ерте және кеш мерзімді өлім, операциядан кейінгі асқынулар, сонымен қатар реоперациядан босауға негізделген.

Results

The mean age was 63 ± 13 years, 770 (48 %) patients were female and 215 (13.4 %) had previous cardiac operations. The most predominant pathology was degenerative disease, followed by functional mitral valve regurgitation ($n = 191$, 12 %), rheumatic disease, endocarditis and prosthetic dysfunction. Mitral valve repair was performed in 1137 (71 %) patients and 476 (29 %) had mitral valve replacement.

Early outcomes

Overall in-hospital mortality was 1.1 %

Late outcomes

Median follow-up time was 32 months and was 96.6 % complete. At follow-up, 114 patients were dead: 61 patients were MVR and 53 were mitral valve repair.

Survival

Specifically, survival after repair at 1-, 5- and 10-years was 98.5 ± 0.4 %, 91.9 ± 1.2 %, and 88.0 ± 2.1 % respectively. Survival after replacement at 1-, 5- and 10-years was $91. \pm 1.4$ %, 81.3 ± 2.5 %, and 76.2 ± 3.4 % respectively.

Нәтижелер

Науқастардың орташа жасы 63 ± 13 , оның 770(48пайызы) әйел адам, 215(13,4 пайызы) бұрын жүрегіне операция жасалған. Неғұрлым басым патология ішінде дегенеративті аурулар, ревматидтік аурулар, эндокардит, протезді дисфункция. 1137 науқасқа митральді клапанның жөнделуі және 476 науқасқа митральді клапан ауыстырылуы өтті.

Ерте нәтижелері - Тұтастай алғанда, госпиталдық өлім 1,1% құрады.

Соңғы нәтижелері-2,5 жыл ішінде 114 науқас қайтыс болды, оның 61 МК ауыстырылғаны, ал 53 МК жөнделгені

Тірі қалғандар – 1-5-10 жыл ішінде 98.5 ± 0.4 %, 91.9 ± 1.2 %, 88.0 ± 2.1 % МК жөнделгендер, $91. \pm 1.4$ %, 81.3 ± 2.5 %, 76.2 ± 3.4 % МК ауыстырылғандар.

Discussion

We demonstrated that MIMVS through RT is a safe procedure, associated with excellent postoperative outcomes, short hospital length of stay and outstanding long-term results. Specifically, overall in-hospital mortality was 1.1 % lower than the recent mortality rate reported in the Society of Thoracic Surgeons Database and the low incidence of postoperative complications as well as the high long-term survival, highlight the safety of the this procedure in all settings of mitral valve disease. Finally, in the setting of all mitral valve repair success rate at discharge was 93 %, with a freedom from reoperation of 94 % at 10 years.

Талқылау

МКМИХ ОТ операциядан кейінгі жақсы нәтиже көрсеткен қауіпсіз тәсіл. Сонымен қатар госпитальдағы өлім корсеткіші 1,1 пайызды құрайды, яғни операциядан кейінгі өлім, асқынулар, реоперациялар(94 %) көрсеткіші 10жыл ішінде төмендеді.

Conclusions

Minimally invasive mitral valve surgery is a safe and reproducible approach associated with low mortality and morbidity, high rate of mitral valve repair and excellent late results.

Қорытынды

Митральді клапанның Минимальді-инвазиялық хирургиясы қауіпсіз, әрі жиі осы әдіс қолданыста, өйткені өлім көрсеткіші төмен, митральді клапан жөнделуінің ықтимальдылығы жоғары және нәтижесі оңтайлы.

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