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New York, NY, USA[Home](#) [Association](#) [Membership](#) [Educational Programs](#) [Publications](#) [Government Relations](#) [Contact](#) [Search](#)[Back to 2015 Mitral Conclave Program](#)**Resect And Respect: A “Sparing” Posterior Leaflet Approach To Restore Normal Anatomy And Mobility.***M. Pettinari, H. Guttermann, S. Sainte, E. Kulmane, R. Dion. Ziekenhuis Oost Limburg, Genk, Belgium,*

Objective: the “respect rather than resect” approach has become very popular in the last years to repair prolapse of the posterior leaflet. Its goal is to avoid leaflet resection and to transform the posterior leaflet into a vertical and immobile buttress using multiple artificial chordae. In this study we present our “sparing” approach for leaflet repair with its mid-term clinical and echocardiographic results.

Methods: since February 2006 till July 2014, 134 pts were treated for posterior leaflet prolapse. Our goal was the restoration of good coaptation keeping the leaflet as mobile as possible: this was attempted maximizing the free margin length, avoiding its stretching and preserving normal opening of the mitral clefts. In 97 pts a very limited resection (0.8-1 cm wide) was performed; adequate leaflet height was reestablished with 5 to 7 single everting stitches and a locked running suture completed the reconstruction of the leaflet to the annulus part. Annular or secondary chordae, if present, were used to re-suspend the free margin of the reconstructed leaflet (48 pts) and favored instead of artificial chordae. In case of P3 or commissural prolapse, a papillary muscle repositioning was preferred in 40 pts; artificial chordae were needed in 25 cases. In 93 pts (69.4%) 2 or more techniques were necessary.

Results: Two patients were reoperated on, for a freedom from reoperation rate of $93.9\% \pm 4.9\%$ at 4 years. At echocardiographic follow-up, 2 patients of 109 (1.8%) showed mitral regurgitation >2 ; and 1 of 110 patients (0.9%) were in New York Heart Association functional class $>II$. In 92% of the patients the leaflet maintains its mobility.

Conclusions: The “sparing” approach is safe, effective, and durable at mid-term follow-up. This surgical strategy focuses on restoration of surface coaptation by a limited leaflet resection, uses preferentially native structures rather than artificial chordae and respects the motion of the two leaflets.

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