한국인에서 심한 승모판 폐쇄부전으로 개심술을 시행한 점액성 변성 환자의 임상상

Clinical Characteristics of Surgically Corrected Mitral Regurgitation Due to Myxomatous Degeneration in Korea

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ABSTRACT

Background and Objectives: Although the clinical significance of mitral regurgitation (MR) due to prolapse or chordae rupture with myxomatous degeneration (MD) is increasing significantly, the clinical features of patients with MD in Korea have not been characterized. Materials and Method: A retrospective analysis was performed of the clinical data of 90 patients who underwent surgical correction of significant MR due to MD. Lesion sites of MD were confirmed during surgery; anterior (A) and posterior (P) mitral leaflets were divided into lateral (A1 & P1), middle (A2 & P2), and medial segments (A3 & P3). Results: The mean age was 51 ±14 years and the male/female ratio was 1; age distribution showed a typical bimodal pattern with two peaks at the mid-thirties and the mid-fifties each. MD was confined to P leaflet in 36 (40%), A leaflet in 20 (22%), and both leaflets in 34 patients (38%). Forty-six patients (51%) showed MD in a single segment, and 37 (41%) in 2 segments; 7 patients (8%) showed MD in more than 2 segments. In 90 patients, pathologic MD was confirmed in 139 mitral segments; among these, P3 was the most commonly involved segment (30%), followed by A3 (17%), P2 (14%), A2 (14%), A1 (14%), and P1 (12%). Chordae rupture was observed in 71 patients (79%), and was associated with hypertension (HT). Younger patients (age <45 years, N=31) showed a lower prevalence of HT and a higher incidence of MD involving multiple segments. Conclusion: MD develops preferentially in the medial part of the mitral valve, and patterns of clinical presentation can change according to the age and existence of HT in selected patients with significant MR. (Korean Circulation J 2001; 31(10):1042-1048)

KEY WORDS: Mitral valve prolapse; Chordae tendineae rupture; Mitral valve insufficiency.

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	대상 및	된 방법		pattern	(Fig. 2).	26 (29%)
					45	45	
1996 6	1999	12				(1	0% vs 39%
		ИR		p = 0.004, Ta	-		
	MD		가	42%(19/45)		5(7/45)	
	90				(body mass		22.9 ± 3.
				57 kg/m ²		23.4 ± 3.53 k	.g/m²,
				22.4 ± 3.5	7 kg/m²		
	가		MD			Table 1).	90
	가			37 (4	1%)		
	Fig. 1		6				
	.8)	3 scallo	ps		MD	フ	ł 20 (22%)
			l commiss -		36 (40%)		
ure)	1		(medial co -	가 34	(38%)		
mmissure)	3	posterior la	teral scallop	가 가	45		
P1,			A1		MD가	가 58%([18/31] 가
					45		
	1			51%(30)/59) 가		
			. 2000	27%(16/5	i9)	(p = 0.006)).
٥				90			

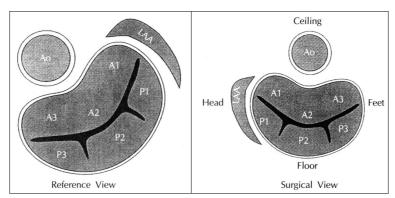


Fig. 1. Diagram showing 6 segments of the mitral valve (Reference 8). LAA: left atrial appendage, Ao: aorta, A1: anterior lateral scallop, A2: anterior middle scallop, A3: anterior medial scallop, P1: posterior lateral scallop, P2: posterior middle scallop, P3: posterior medial scallop.

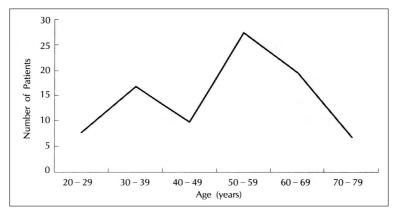


Fig. 2. Age distribution of patients with significant mitral regurgitation due to myxomatous degeneration requiring surgery.

Table 1. Comparison of clinical features according to the age of patients with myxomatous degeneration and significant mitral reguratation

igninean minaregorgianon						
	Age < 45	Age 45				
Number	31	59				
Male/Female	19/12	22/33				
Body mass index	23.7 ± 3.9 kg/m ²	² 22.6 ± 3.3 kg/m ²				
Atrial fibrillation	9 (29%)	28 (48%)				
Hypertension*	3 (10%)	23 (39%)				
Lesion sites ; Anterior/Posterior/Both*	7/6/18 (58%)	13/30 (51%)/16				
Chordae rupture	21 (69%)	50 (85%)				
*: p<0.05						

139 , P3(29%, 41/139), A3(17%, 23/139), A2 (14%, 20/139), P2(14%, 19/139), A1(14%, 19/139), P1(12%, 17/139)

92%

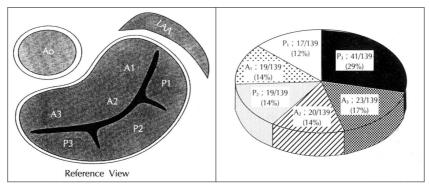


Fig. 3. Frequency of lesion sites due to myxomatous degeneration. Ao: aorta, A1: anterior lateral scallop, A2: anterior middle scallop, A3: anterior medial scallop, P1: posterior lateral scallop, P2: posterior middle scallop, P3: posterior medial scallop.

Table 2. Comparison of clinical features according to the chordae rupture in patients with myxomatous degeneration and significant mitral regurgitation

eneralien and significant triffic regorgitation					
	With	Without			
	chordae rupture	chordae rupture			
Number	71	19			
Male/Female	36/35	9/10			
Age (years)	52.2 ± 13.8	45.2 ± 13.0			
Body mass (kg/m²)	23.2 ± 3.8	22.1 ± 2.3			
Hypertension*	24 (34%)	2 (11%)			
Lesion sites ; Anterior/Posterior/Both*	15/33 (47%)/23	5/3/11 (58%)			
Successful repair	66 (93%)	17 (90%)			
*					

^{*:} p<0.05

(83 , 92%)

95%(19/20) (92%, 30/33) (91%, 28/31) 7t . 91% (42/46)

95%(35/37),

86%(6/7)

(91%, 42/46) (93%, 41/44) 7 (p=0.74). 83

22±13 1 , , 2 , 3 , 가

(Fig. 4).

고 찰

점액성 변성에 의한 승모판 폐쇄부전 : 역학적 특성과 위험 인자

.9)10) Singh
11) MR 50
MR
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가 가, , . . MR

45

39%

50

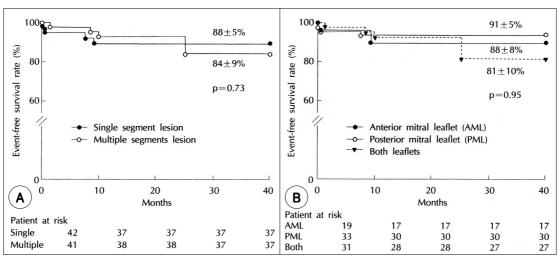
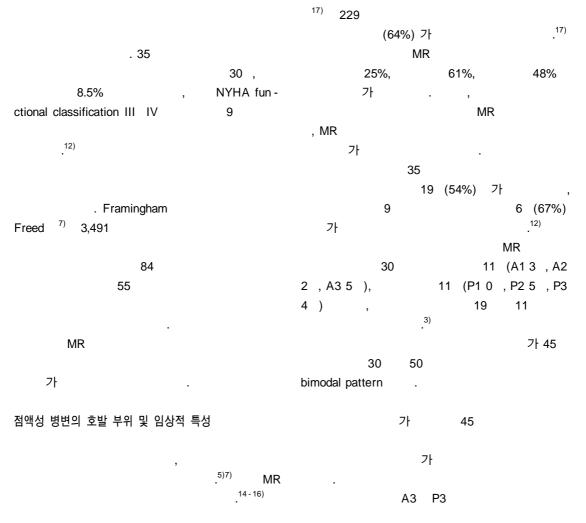


Fig. 4. Event-free survival rates after successful repair according to the number (A) and site (B) of myxomatous degenerative lesion.



			가			(anterior,	A), (po-
				sterior, P)			6
-						A3, P3	가
	posite lesion)			A2, P2,	A1	1, P1	
A3 - P3	가 .			결 과:			
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		18)19)			45		30 50
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	, (new chards	e formation)		(22%)	,	남 36 (40%). 가	, 20 34 (38%)
	(Hew Glords	e ioimation)		(2270)	51%	46	34 (3070)
		20 - 22)		41% 37		40	3
				1170	•	7	(8%)
				90		·	139
	가		가	P3가	30%	가	
	.7)					17%), P2(14%	%), A2(14%),
				A1(14%), P1		•	
	가			29% 26			
		MR		(42%)	(16%)	(p<0.05).	
가				79%	71		
					. 4	5	
■ 본 연구의 문제	점			(n=31)			
			MR				가
			MD	•	92%	83	
MD				•			
MR				3			$86 \pm 5\%$
				결 론:			
		•					
	요 약						
				가			
배경 및 목적:							
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				ME, Wooley	y CF. <i>Eviden</i>	ce for progressi	on from mild to

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