

Reconstructive Surgery of the Mitral Valve, Post-Rheumatic Fever, in Children

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We would like to congratulate Silva et al¹ on the excellent results about the surgical reconstruction of the mitral valve (MV) in children, post-rheumatic fever (RV). In our country, this matter is of utmost importance due to its high incidence and also for the assessment of their results at this age range. After a careful reading of the aforementioned study, some doubts arose regarding the percentage of valve plasties and changes, for the same period and the same age range. Although 80% of the patients were in NYHA functional class III or IV, the severity of the anatomic lesion of the MV is unknown, a fact that has been established as worsening the final result, as well as the choice of the surgical technique². Chauvaud et al³

demonstrated that reconstructive surgery for valvular lesions, at this age range, can be performed in up to 92% of the cases, with good short and longterm results. A pioneer study of 72 patients in MV reconstructive surgery post-RF carried out in our country⁴, at this age range, demonstrated the possibility of performing the mitral valve plasty in only two-thirds of the patients, due to the complexity of the anatomic lesion.

When the two groups are compared, it can be observed that the demographic data of the two series are similar, including the incidence of reoperations. However, the authors did not specify whether these were performed due to problems with the technique or due to new onsets of rheumatic activity. In our experience⁴, in 9 of the 13 (69.2%) of the patients submitted to reoperation, the cause was a new onset of RF due to socioeconomic and social assistance problems that led to the lack of adequate prophylaxis.

Once again, we congratulate the authors for the results presented in the abovementioned study.

Key words

Mitral valve/surgery; rheumatic fever; child.

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Response to the letter to the editor

Thank you for your interest and for the comments. Regarding the questions, some explanations are necessary. Of the 40 patients studied, 32 (80%) presented severe mitral regurgitation in the preoperative period, and even with complex anatomic lesions, the plasty was performed with the association of several techniques. The annuloplasty, as an isolated procedure, was performed in only 20% of the

cases. Among the 37 patients that were alive 4 years after the surgery, 8 (21%) needed valvular replacement. Of these, 5 presented new onsets of carditis and due to the lack of secondary prophylaxis, and in 3, the plasty was probably not effective in the long term.

Sincerely,

Gesmar Volga Haddad Herdy