Early and late results of balloon dilation for congenital mitral stenosis

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RESUMEN

Abstract Balloon dilation was attempted in seven symptomatic patients with congenital mitral stenosis aged 7.6±5.3 years. Of the five patients with typical mitral stenosis, four underwent successful dilation with decrease of the mean left atrial pressure and the gradient across the mitral valve and increases in the area of the valve of 127±43 and 85±16%, respectively, as demonstrated hemodynamically or by Doppler echocardiography. In the patient in whom the procedure was unsuccessful, a small child with recurrent pulmonary edema, death occurred during the procedure as a consequence of vasovagal reaction. In the other two patients, one with a parachute-like mitral valve and the other with Shone's syndrome, severe pulmonary hypertension and reversal of the shunt through a patent arterial duct, it was not possible to dilate the valve. In the patient with Shone's syndrome, nonetheless, palliation was achieved by balloon angioplasty of the aortic coarctation and by creation of an atrial septal defect. The patients undergoing dilation remained symptom-free during follow-up and mantained the increase in valvar area as judged by Doppler studies and, in one patient, also by cardiac catheterization. A residual atrial septal defect closed spontaneously in three patients. We conclude that balloon dilation of congenital mitral stenosis is an effective alternative to surgery in patients with typical mitral stenosis. Cross-sectional echocardiography plays an important role in defining valvar morphology and selection of patients. The procedure is not without risk, especially in very sick patients but satisfactory results are long-lasting.

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