

Applying the “resect” concept in mitral valve repair

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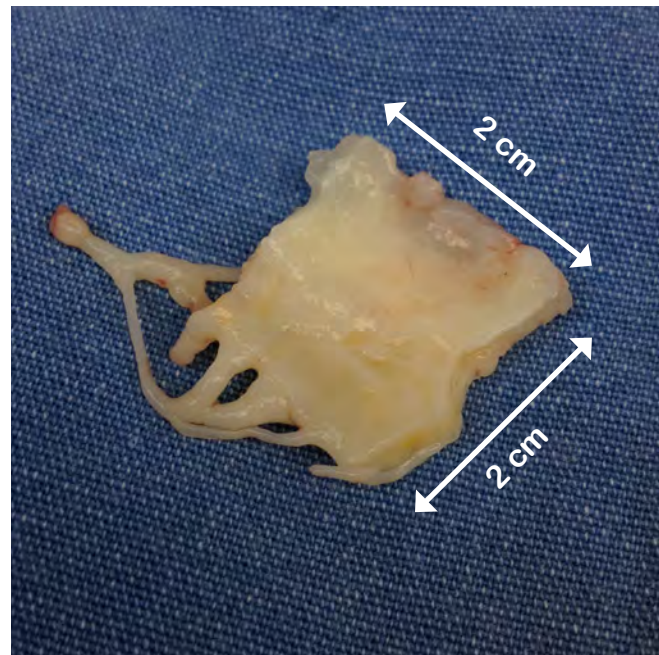
This is a case of mitral valve (MV) regurgitation in degenerative disease, in which p2 prolapse was originating a Carpentier's type II insufficiency. In this case described here, we performed a posterior leaflet resection by means of quadrangular resection.

It has been said that MV repair by posterior leaflet resection is an art rather than a science. Certainly, leaflet posterior resection meets some basic principles. One-size-fits-all is not applicable for this resection. As a matter of fact, MV repair basic concepts have been previously published [1]. The key point is 2 centimeters in height and width in the MV posterior leaflet segment to be resected. Considering this point, triangular resection, quadrangular resection with or without unilateral or bilateral sliding posterior plasty, with or without reduction in height may be applicable in cases of leaflet posterior prolapse.

The image presented here represents a quadrangular resection of the MV posterior leaflet applying the concept of 2 cm in height and width.

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REFERENCES

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