

Category : **Cardiovascular: Other**

A33 - Association between dyspnea and right ventricular dysfunction in patients with isolated mitral stenosis.

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Introduction:

Patients with severe mitral stenosis (MS) can present with different degrees of symptomatology, they can be asymptomatic, mildly symptomatic or have severe dyspnea. The Right ventricular (RV) systolic function is an important determinant of clinical symptoms, exercise capacity, preoperative survival, as well as postoperative outcomes in patients with MS. The aim of our study was to compare RV function in symptomatic and asymptomatic patients with isolated MS.

Methods:

We led a prospective observational study over a period of 2 years from October 2018 to January 2021, collected from the day hospital and echocardiography vacations in the cardiology department of Ibn Rochd University Hospital of Casablanca. We included all patients with pure severe and very severe MS, divided into two groups according to their functional capacity: Group 1 (asymptomatic group) with NYHA class I and group 2 (symptomatic group) with Dyspnea stage > II. The RV systolic function was evaluated by both Doppler tissue imaging and pulsed Doppler. A RV dysfunction was defined by a TAPSE < 16 mm and S' < 9,5cm/s according to the current recommendations.

Results:

The study included 468 patients, among them, 145 patients had severe isolated MS, mean age was 42,1 years (+/- 14,3); sex ratio M/F was 0,8 and women were found more symptomatic than men (84,4% versus 69,23 %). Group 1 consisted of 44 patients (30,3%) versus 101 patients in group 2 (69,7%). RV was dilated in 31,81 % patients of the first group versus 22,77% of group 2. RV systolic dysfunction was found in 29,7% of symptomatic patients versus 22,7 % in asymptomatic patients (p = 0,02).

Conclusion:

Patients with an impaired RV function are more symptomatic than those with better RV systolic function, thus proving the importance of the RV function assessment in such patients.