**MITRAL INTERVENTION IN CABG PATIENTS: IS LESS EVER MORE?**

**L.P. Perrault**

Montreal Heart Institute, East, Montreal, QC, Canada

Left ventricular remodeling is an independent risk for death and heart failure in patients with ischemic mitral regurgitation (IMR). Left ventricular ‘‘reverse’’ remodeling is desirable and is most consistently achieved in IMR when mitral regurgitation is enduringly corrected.

The literature on patients in whom the IMR grade was strictly and uniformly defined as ‘‘moderate’’ is limited to 4 randomized trials. These trials demonstrated that the greatest improvement in IMR grade was achieved with the addition of RA to bypass surgery versus bypass alone, and persistent IMR uncommonly progressed to severe at 1 year. Two of these trials showed a significant improvement in New York Heart Association functional class and left ventricular reverse remodeling with the addition of RA.

For the present, selecting patients for RA should first exclude those patients known not to benefit and second, as best as possible with current information, identify common baseline factors in those patients who have had enduring resolution of IMR after RA. IMR is most likely to persist after RA in patients with severe IMR who have basal dyskinesis or aneurysm and in those patients with extremely large ventricles at baseline (>70 mm mL/m2) if angina without dyspnea is the presentation, then CABG alone may be warranted. Overall condition of the patient may be an important consideration as well. Very elderly, frail patients and those with severe comorbidities (eg, chronic obstructive pulmonary disease, peripheral vascular disease, previous stroke, renal failure) may benefit from a ‘‘less is more’’ approach to treating CAD in the setting of moderate IMR, unless HF is problematic.

Ultimately, the goal of surgery in patients with IMR is to tailor the operation to the specific individual patient, offering the most durable result with the maximum clinical benefit at an acceptable operative risk. Identifying patients who benefit from restrictive annuloplasty in ischemic mitral regurgitation: An elusive yet essential quest! Toward a patient-tailored approach.