Mitral valve repair: isolated posterior compared to anterior or bileaflet prolapse. Long-term durability and biological adaptation of the ePTFE neochordae have been shown to be consistent with the natural chordae. According to the measurement of ePTFE chordae. Nevertheless, with the mastering of the surgical technique, this approach has gained increasing popularity. According to the results shown by Tourmousoglou et al. [1], it is therefore reasonable to suggest that ePTFE neochordae replacement might be extended to encompass correction of posterior leaflet prolapse. All of these efforts are focussed on reducing the aortic cross-clamp time.

Conflict of interest: none declared.

References


I have read with great interest the article by Tourmousoglou et al. [1]. Mitral valve repair repair has gained increasing popularity due to the specific techniques available which have been perfectly standardized and described by Carpentier [2].

Anterior leaflet prolapse is very easy to correct by means of quadrangular resection and closure of the gap (with or without sliding) with ring annuloplasty. The success rate here must be up to 99% [3].

Anterior leaflet prolapse has been traditionally more difficult to correct. Resection of the anterior leaflet becomes unfavourable and is not applicable when a large area of prolapse is present [4]. Chordal shortening and chordal transfer techniques for repair of anterior leaflet prolapse have been reported [2]. However, all of them have exhibited inconsistent long-term outcomes. Chordal replacement with expanded polytetrafluoroethylene (ePTFE) has been introduced to repair anterior mitral prolapse. Long-term durability and biological adaptation of the ePTFE neochordae have been acceptable [5]. At first sight, there may be concern about the level of accuracy in the measurement of ePTFE chordae. Nevertheless, with the mastering of the surgical technique, this approach has gained increasing popularity. According to the results shown by Tourmousoglou et al. [1], it is therefore reasonable to suggest that ePTFE neochordae replacement might be extended to encompass correction of posterior leaflet prolapse. All of these efforts are focussed on reducing the aortic cross-clamp time.

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