RE-REDO MITRAL VALVE REPLACEMENT THROUGH MINIMAL ACCESS IN A CASE OF INFECTIVE ENDOCARDITIS - A CASE REPORT!


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OBJECTIVE
Redo surgeries through the traditional sternotomy approach has been associated with higher risk of mortality and morbidity. In this case report, we are discussing a minimally invasive technique for mitral valve “Re redo procedure” in a patient with infective endocarditis, with multiple comorbidities who was operated ‘twice earlier through median sternotomy’.

HISTORY
A 44 year old male patient was referred to us with acute bacterial endocarditis with severe mitral regurgitation with congestive heart failure, in cachetic and debilitating condition in NYHA IV.

- 2003: Atrial septal defect closure and mitral valve repair.
- 2014: Redo mitral valve repair with rigid ring annuloplasty (#30 CE ring), B/L maze procedure and left atrium reduction through midline redo sternotomy and peripheral bypass. Later requiring right femoral artery embolectomy.

Treated with appropriate IV antibiotics and medically stabilised with antifailure treatment.

K/C/O Bronchial asthma and epilepsy.

INVESTIGATIONS
- Echo: Severe MR and vegetation on AML with dilated LA and severe RV dysfunction.
- Blood C/S grew Enterobacter Cloacae.

RESULTS
He was treated with appropriate IV antibiotics and was discharged in a stable condition. He is on follow up since one year and is presently asymptomatic.

CONCLUSION
Re-redo mitral valve surgery can be performed safely through minimally invasive approach in patients with previous sternotomy.

- Right lateral minithoracotomy offers excellent exposure and minimises the need for cardiac dissection, and thus, the risk for injury.
- Avoiding redo sternotomy provides better patient comfort and achieves early recovery, especially, in elderly patients and in patients with multiple comorbidities.

SURGERY
- Peripheral bypass: Left femoral artery and right femoral vein bypass.
- Right minithoracotomy through third intercostal space.
- Right pleural adhesions were released.
- Underwent complete debridement of infected tissue and explantation of MV ring.
- Mitral valve replacement with #31 St. Jude’s mechanical valve.

Self retaining soft tissue retractor
LA retractor
Valve sutures taken
Valve seated