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RESEARCH OF THE TREATMENT IN PATIENTS WITH RHEUMATIC MITRAL STENOSIS MERGING LEFT ATRIAL THROMBOSIS BY PERCUTANEOUS BALLOON MITRAL VALVULOPLASTY

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Objective To evaluate the feasibility, safety and efficacy of percutaneous balloon mitral valvuloplasty (PBMV) in patients with rheumatic mitral stenosis merging left atrial thrombosis.

Methods One hundred and four patients with mitral stenosis and thrombus in the left atrium were selected. All cases received warfarin orally every day for more than 3 months and low dosage urokinase intravenous drip every day for 5 days before undergoing PBMV with Inoue single balloon technique. The procedural success rate, changes of haemodynamics and echocardiographic indices after PBMV and complication as systematic thromboembolism during follow-up were observed.

Results The procedural success rate was 100%. Mean left atrial pressure (LAPm) and mean mitral valve pressure gradient (MVPG) decreased from (24.3 ± 4.2) mm Hg and (17.6 ± 4.9) mm Hg to (11.3 ± 4.5) mm Hg ($p < 0.05$) and (7.2 ± 3.9) mm Hg ($p < 0.05$), respectively. Left atrial diameter (LAD) decreased from (58.20 ± 5.6) mm before PBMV to (48.5 ± 5.8) mm 24 h after PBMV ($p < 0.05$) and (44.5 ± 5.8) mm 6 months after PBMV ($p < 0.05$). Mitral valve area (MVA) increased from (0.80 ± 0.36) cm² before PBMV to (1.88 ± 0.34) cm² 24 h after PBMV ($p < 0.01$) and (1.76 ± 0.27) cm² 6 months after PBMV ($p < 0.01$). Pulmonary pressure (PP) decreased from (72.8 ± 15.6) mm Hg before PBMV to (43.2 ± 13.2) mm Hg 24 h after PBMV ($p < 0.01$) and (39.5 ± 13.6) mm Hg 6 months after PBMV ($p < 0.05$). No systemic thromboembolism occurred during and after PBMV.

Conclusions PBMV on patients with rheumatic mitral stenosis merging left atrial thrombosis is safe, feasible and effective after sufficient anticoagulation treatment.