Late Results of Percutaneous Balloon Mitral Valvuloplasty: The Chinese Experience

To the Editor:

We are writing in support of the conclusions reached by Iung et al.1 concerning the late results of percutaneous balloon mitral valvuloplasty (PBMV).

The French experience confirmed the Chinese experience that was reported earlier with a larger number of patients, namely, a PBMV can be performed with good late results in a variety of patient subsets.2,3 The Inoue balloon technique, which the Chinese investigators have used since November 19854 and the French investigators began using more recently, is the procedure of choice for the treatment of mitral stenosis.5

We also found that a hemodynamic evaluation did not provide any information additional to that from clinical and echocardiographic examinations. For this reason and to simplify the procedure to make it use more widespread, the Chinese physicians have not performed systematic hemodynamic measurements before or after PBMV for the last several years. In China, >18 000 PBMVs have been performed to date.

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Response

We thank Drs Cheng and Chen for their comments concerning our article, “Late Results of Percutaneous Mitral Commissurotomy in a Series of 1024 Patients. Analysis of Late Clinical Deterioration: Frequency, Anatomical Findings, and Predictive Factors.”1

Despite the absence of large randomized trials comparing the Inoue and double-balloon techniques, the Inoue technique is now the most widely used technique worldwide, mostly because of its ease of use and safety. A low rate of events can be accurately assessed only in reports based on large populations, and the consistency between the experiences in China, the United States, and Europe attests to the high level of safety achieved with the Inoue technique, even when used by a variety of operators. Another way to increase safety is to simplify the procedure. This is the reason for not performing systematic, extensive hemodynamic measurements, and it is another point in which our practice is in accordance with the Chinese experience. Whatever the technique used, one should not forget that the experience of the team is also a strong determinant of the complication rate of percutaneous balloon mitral valvuloplasty.2 Safety is a major concern with a new technique, especially when its purpose is to replace treatments that carry a very low risk, as was the case with closed-heart commissurotomy.

In addition, large series from different countries provide complementary information. The Chinese experience reports good immediate and late results with percutaneous balloon mitral valvuloplasty in a population composed of mostly young patients (mean age, 38 years). Such findings are of interest in countries in which the incidence of rheumatic fever remains relatively high.3 The problem is different in the United States and Europe, where patients with mitral stenosis are older and more frequently have advanced heart disease. In such cases, the most relevant findings are not the global rates of good immediate and late outcome, which take into account a heterogeneous population, but the identification of the predictive factors of immediate and late results, which represent an important aid in patient selection.1,4,5

Finally, balloon valvuloplasty ably illustrates the interest in the evaluation of new techniques by diverse large reports. We now have evidence from large international series that percutaneous balloon mitral valvuloplasty is a well-established technique for the treatment of mitral stenosis in a wide range of patients.

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