PROSTHETIC MITRAL VALVE THROMBOSIS

THESIS
Submitted in partial fufliment
For The M.D. Degree

In
CARDIOTHORACIC SURGERY

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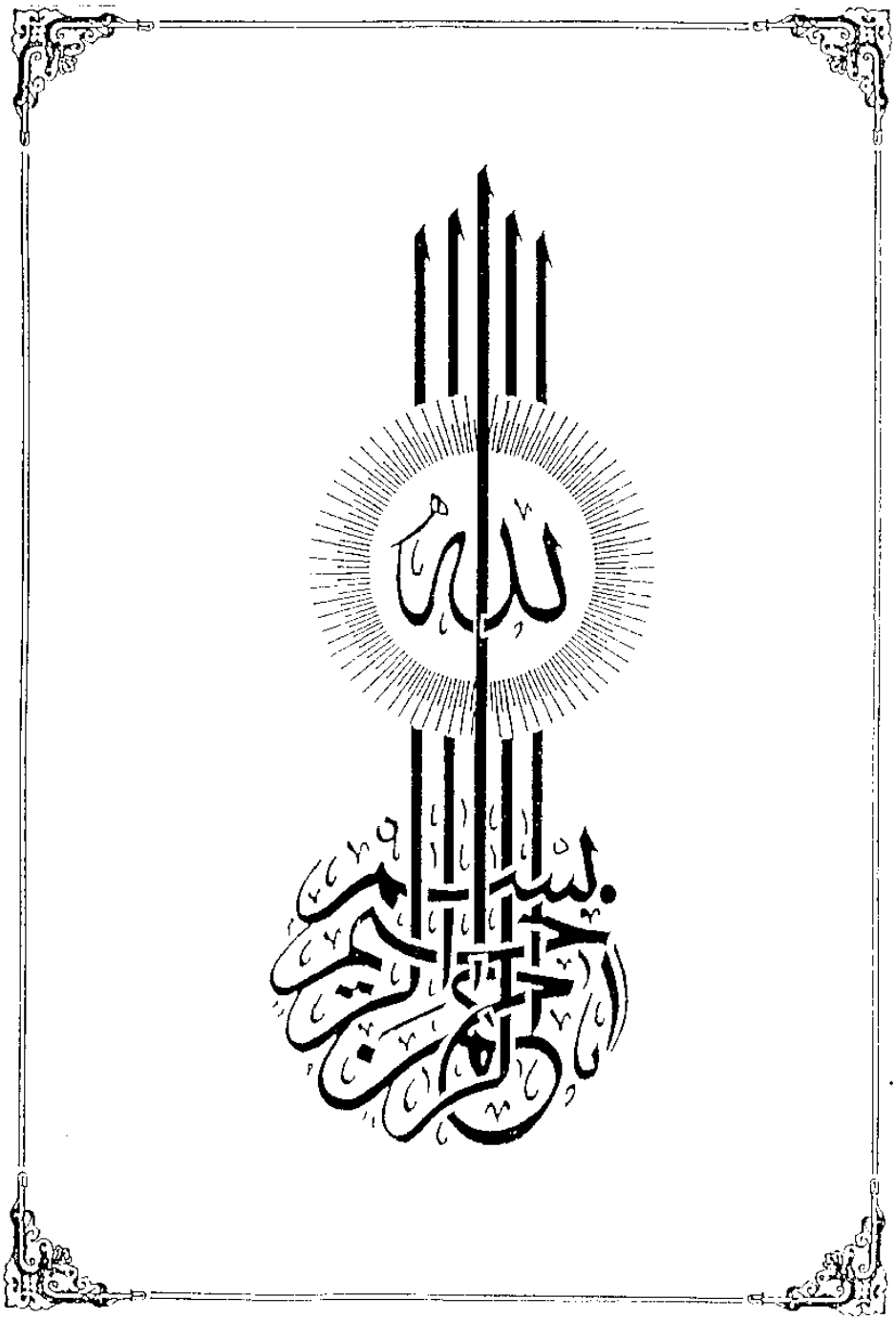

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ACKNOWLEDGMENT

It is an honour to express my deep gratitude to Prof. Ismail Sallam , the Minister of Health for his support to me in achieving this work.

Also, I would like to express my deep gratitude to my Prof. Moghazy Tantawy, the Prof. of Cardiothoracic Surgery, for giving me the confidence and courage to complete this work.

I would like also to send my deep regards to Prof. Tarek EL-Sayeag , the Assistant Prof. of Cardiothoracic Surgery , for his support and his effort in achieving this work.

Also, I would like to thank Dr. Khaled Mansour and Dr. Mohamed Mohamed EL-Fiky for their help with their knowledge in creating this research.

Dr. Khaled Ghorab

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Introduction and Aim of the work

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Introduction & Aim of work

The incidence of thromboembolism in currently available prosthetic valves in the mitral poistion is found to be 5-20% in the first five years after implantation (Edmunds 1997)

This complication has an unfavorable affect on the life expectancy of patients with mechanical valves. The adequancy of warfarin therapy appears to be the most important determinant of the rate of thromboembolism in patients with mechanical replacement devices in the mitral position (Edmunds 1987).

This complication occurs primarily , but not exclusively in patients whom anticoagulant therapy is suboptimal (Lindblom et al. 1987).

Acute thrombotic occlusion of a mitral replacement device is common when the device is a mechanical one (3 per 100 patient-years) and is rare but possible (1.9 per patient-years) when it is a bioprosthesis (Edmunds 1987).

Patients with this catastrophic complication usually become symptomatic only 1 to 3 days before admission and present principally with exterme dyspnea and orthopnea.

The patient may have noticed decrease in the intensity of the prosthetic valve sounds at about the time symptoms began.

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Important chest pain is experienced by many. Signs of shock are usually present.

Although incompetence is often present, an apical systolic murmur is rarely heard. Although the flouroscopic finding of limited disc movement supports the diagnosis, an echocardiogram is diagnostic (Bernal et al. 1976).

Cardiac catheterization usually gives conclusive evidence of mitral obstruction but such patients are usually too ill to withstand this procedure (Copans et al. 1980).

Emergency operation, and not thrombolytic therapy, is indicated (Montero et al. 1989).

This study is designed to stand for the various reasons that contribute in the thrombotic dysfunction of the prosthetic valve that is placed in the mitral position and how to avoid this factor to lower the incidence of this complication and to diagnosis early the presence of valve thrombosis before the deterioration of the hemodynamics of the patient and the decision for operation for replacement in a rather more elective situation to favor the outcome of the operation.

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