



Functional Mitral Regurgitation Tenting Area is Directly Related to Non-Ischemic Cardiomyopathy

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Letter to the Editor

I have read with great interest the article by Kammoun et al. [1], and I congratulate them for this paper. Functional mitral regurgitation (MR) is a very hard-to-treat illness, because it is not a disease itself but just the final result of an impaired and/or geometrically distorted left ventricle. Agricola et al. [2] have described in a fine way the high impact played by the tethering mechanism of the posterior mitral complex in this kind of patients. Indeed, the functional MR can be caused by two possible mechanisms. First, in dilated cardiomyopathy, a symmetric tethering pattern can be often observed as responsible for MR. Consequently, the tenting area here is large before MR is severe. Second, in chronic ischemic mitral regurgitation, an asymmetric tethering pattern is often seen causing mitral regurgitation. In this latest subset of patients, the posterior leaflet angle (PLA) of the mitral valve becomes the most important key in the degree of MR [3]. So, the tenting area is not as important as PLA in the cases of chronic ischemic MR. Magne et al. [4] have shown the importance of PLA in this special group of patients. In conclusion, I suggest that we need to define very clearly that the results found by the authors [1] are more compatible for functional MR caused by dilated cardiomyopathy. On the other hand, chronic ischemic MR is highly PLA-dependent.

References

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