

Dr Gillinov reported consultant to Edwards Lifesciences, Medtronic, CryoLife, Abbott, Johnson & Johnson, and ClearFlow. Dr Wierup reported consultant to Edwards Lifesciences, Medtronic, and CryoLife. Dr Burns reported consultant to Medtronic.

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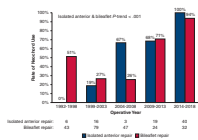
in response to our series comparing outcomes between propensity-matched patients undergoing degenerative anterior and posterior mitral repair over a 27-year period.²

We congratulate Dr Lawrie for his practice’s impressive series using neochordal techniques for 301 anterior and 451 posterior leaflet repairs, with no differences in recurrent mitral regurgitation, reoperation, or survival.³ Our current approach to anterior leaflet repairs is similar in using at least 2 polytetrafluoroethylene neochords with a semi-rigid partial ring annuloplasty, whereas we typically approach posterior leaflet disease with neochords and/or resection in conjunction with annuloplasty. Also mirroring Dr Lawrie and his colleagues, our use of neochords for anterior repair increased significantly over the study period (P trend $<.001$; Figure 1). Over the past decade, we have used neochords for every isolated anterior repair except one in 2013 (52/53, 98%), in which annular reefing and anterior leaflet debridement was performed.

We first used neochords in 1994 and have continued to use them in addition to Carpentier techniques, depending on valvular anatomy and pathology. Most importantly, success in all types of mitral valve repair (isolated anterior, bileaflet, and isolated posterior) is driven by the avoidance of residual and recurrent mitral regurgitation. These favorable outcomes by Dr Lawrie³ and others^{4,5} further reinforce our data that isolated anterior, bileaflet, and isolated posterior repair should be aggressively pursued over replacement for degenerative mitral disease.

4. Lawrie GM, Earle EA, Earle NR. Feasibility and intermediate term outcome of repair of prolapsing anterior mitral leaflets with artificial chordal replacement in 152 patients. *Ann Thorac Surg.* 2006;81:84.

<https://doi.org/10.1016/j.jtcvs.2020.06.059>



REPLY: EXCELLENT AND EQUAL OUTCOMES FOR ANTERIOR AND POSTERIOR LEAFLET MITRAL REPAIRS ARE EQUALLY



ACHIEVABLE... IF YOU EQUALLY ELIMINATE MR

Reply to the Editor:

We appreciate the comments¹ by Dr Lawrie regarding his experience with anterior leaflet mitral valve repair,

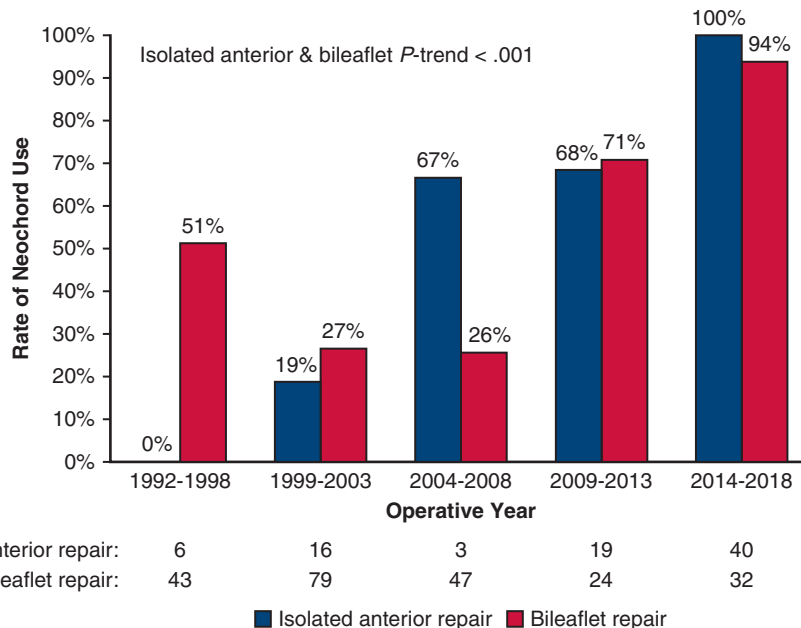


FIGURE 1. Trends in neochord use for isolated anterior (blue) and bileaflet (red) mitral repair over time. Number of each repair type is shown below the column graph. The Cochran–Armitage test of trend was used to separately evaluate isolated anterior and bileaflet repair.

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on behalf of the Michigan Mitral Research Group (MMRG)

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<https://doi.org/10.1016/j.jtcvs.2020.06.033>