

Meta-Analysis Comparing Valve-in-Valve Transcatheter Mitral Valve Replacement Versus Redo Surgical Mitral Valve Replacement in Degenerated Bioprosthetic Mitral Valve

Background: Valve-in-valve transcatheter mitral valve replacement (ViV-TMVR) and redo surgical mitral valve replacement (redo-SMVR) are two treatment strategies for patients with bioprosthetic mitral valve dysfunction. We conducted a systematic review and meta-analysis to compare the outcomes of ViV-TMVR versus redo-SMVR.

Methods: We searched multiple databases for studies comparing outcomes of ViV-TMVR versus redo-SMVR in degenerated bioprosthetic mitral valves. We used a random effects model to calculate odd ratios (ORs) with 95% confidence intervals (CIs). Outcomes included in-hospital, 30-day, 1-year, and 2-year mortality, stroke, bleeding, acute kidney injury (AKI), arrhythmias, permanent pacemaker insertion (PPMI), and hospital length of stay (LOS).

Results: Six observational studies with 707 subjects were included. Median follow-up was 2.7 years. Despite their older age and greater comorbidity burden, patients undergoing ViV-TMVR had a similar in-hospital mortality (OR 0.52; 95% CI 0.22-1.23; p=0.14), 30-day mortality (OR 0.65; 95% CI 0.36-1.17; p=0.15), 1-year mortality (OR 0.97; 95% CI 0.63-1.49; p=0.89), and 2-year mortality (OR 1.17; 95% CI 0.65-2.13; p=0.60) compared to redo-SMVR. ViV-TMVR was associated with significantly lower periprocedural complications including stroke, bleeding, AKI, arrhythmias, and PPMI, and shorter hospital LOS compared to redo-SMVR.

Conclusions: ViV-TMVR was associated with better outcomes compared to redo-SMVR in patients with degenerated bioprosthetic mitral valves, including lower complication rates and shorter hospital LOS with no significant difference in mortality rates. Large-scale randomized trials are needed to mitigate biases and confirm our findings.

