

Independent Clinical and Echocardiographic Predictors of Restenosis After Percutaneous Mitral Balloon Commissurotomy in a Large, Consecutive Cohort Followed for 24 Years

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***Summary:**

- 1. Restenosis after percutaneous mitral balloon commissurotomy (PMBC) remains a challenge, occurring within a year or later in various percentages**
- 2. Incidence varies widely (4% to 39%) due to population and follow-up differences.**
- 3. Restenosis is defined when the mitral valve area (MVA) <1.5 cm² or loss of ≥50% immediate procedural result aligns with heart failure symptoms.**
- 4. Preprocedure echocardiographic findings (left atrial diameter, maximum MV gradient, Wilkins-Block score) are independent predictors of restenosis.**
- 5. Pulmonary artery hypertension was significantly higher in the restenosis group.**
- 6. The study emphasizes the importance of long-term follow-up in monitoring restenosis post-PMBC.**
- 7. Leaflet calcification and subvalvular thickening were significantly related to restenosis development.**
- 8. Restenosis leads to progressive functional deterioration, necessitating repeat interventions, including PMBC or valve replacement.**
- 9. AF worsens outcomes post-PMBC, indicating ongoing inflammation and progressive left atrial damage.**