



Correspondence

Dear Editor,

With reference to the article published in last issue of JCVD (J Cardiovasc Dis 2019;15(2):47 - 49) titled "Frequency of severe mitral regurgitation after percutaneous balloon mitral valvotomy in patients with rheumatic mitral stenosis", the authors effort needs praise.

The assessment of MS has traditionally relied on 2D measures and techniques that can be influenced by image orientation and surrounding haemodynamics. 3D planimetry does not require assumptions of normal chamber behaviour and is easily manipulated to correctly identify the true mitral orifice. The 3D planimetry generally provides smaller MVOA (mitral valve orifice area) measurements that results in the reclassification of MS severity in some cases. More importantly, previous study also showed a signal of clinical prediction from 3D that was not seen with comparable 2D methods and that 3D correlated very well with haemodynamic markers of MS severity. These findings are of considerable potential interest as clinicians look to more accurately risk stratify those with MS, indicating that 3D echocardiography provides a more complete picture of clinically relevant valve disease.

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