FACT vs. HYPE: You make the call



A recent morphological study by Dr. Jagdish Butany and colleagues, "Modes of Failure in Explanted Mitroflow Valves" A recent morphological study by Dr. Jaguish butany and conteagues, modes of rande in Explanted mitoriow valves published in the Annals of Thoracic Surgery may be interpreted or presented to you in a negative way, even though the results for the Mitorious and provide or the Mit the results for the Mitroflow valve are very positive. During a 10-year observation of "over 600 valves" Dr. Butany une results for the willfollow valve are very positive. During a 10-year observation of over our valves of building and his fellow investigators studied 12 explants. However, all 12 explants cannot be classified as SVD. Five of them (Table 2: "Summary of Histologic Findings of Excised Mitroflow Valves," p.1623) were infected with endocarditis, and (Table 2. Summary of mislologic Findings of Excised Millollow Valves, p.1025) were infected with endocarditis, and two of them were listed as "unknown." (p.1621)¹ With respect to SVD, the disposition of the five endocarditis cases is

"Structural valve deterioration includes dysfunction or deterioration involving the operated valve (exclusive of infection defined in the STS Guidelines as follows: or thrombosis), as determined by reoperation, autopsy, or clinical investigation." (p.1490)²

Thus, these five must also be excluded along with the two unknowns for a total of seven non-SVD histologic findings. This leaves only five valve-related explants out of 600 patients. The data represents a phenomenal multi-center SVD occurrence of 0.8% over a 10-year period.

There is no dispute that there were structural valve failures evident for five of the explanted Mitroflow valves. Indeed, the types of failures described are typical of pericardial bioprosthetic valves.^{3,4} All but one of the torn valves was calculated with endocarditic. Dr. Butany bimself some upportain about the evictores of coloring and one was also infected with endocarditic. calcified, and one was also infected with endocarditis. Dr. Butany himself seems uncertain about the existence of calcined, and one was also injected with endocatories. Dr. butany minisen seems uncertain about the existence of primary tears (i.e. tears unrelated to calcification): "In this series, 42% (n = 5) of our valves had cusp tears, in which all second 4 was accepted with solation of the tear added. At explanation it is difficult to assume if solation in the control of the tear added. primary rears (i.e. rears unrelated to carcinication). In this series, 42% (ii = 5) or our valves had cusp rears, in which all except 1 was associated with calcification at the tear edges. At explantation, it is difficult to surmise if calcification are recorded as followed the tears." (s.1835) preceded or followed the tears." (p.1625)

The proven long-term structural and hemodynamic performance of the Sorin Mitroflow® Aortic Pericardial Heart Valve has been well-established. 56 Contrary to the conclusion provided by the authors, the evidence presented valve has been well-established. Oblition to the controlled by fits admitted by Butany et al. is further proof of the exceptional durability of the Mitroflow bioprostheses.

Sincerely,

Sorin Group

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