



Closed mitral commissurotomy in Archangel, Northern Russia, 1965-1993. Operative assessment of 367 patients operated on for rheumatic mitral stenosis.

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Abstract: Preoperative and operative assessment of the 367 patients operated on for rheumatic mitral stenosis with closed mitral commissurotomy (CMC) at the regional hospital in Archangel, northwest Russia, between 1965 and 1993. Retrospective survey.

Mean age at first attack of rheumatic fever was 15 years +/- 1.09 years. Mean age at time of surgery was 33.4 years +/- 0.92. Preoperatively, most patients (67%, n = 245) were in New York Heart Association stage III; 29% (n = 107) in stage IV. Digital commissurotomy alone was performed in 16% (n = 57) and a transventricular dilator was used in 84% (n = 310). Operative blood loss was average (384.4 ml +/- 34 ml); 20% (n = 73) developed wound infection, 21% (n = 77) pericarditis. In-hospital stay was above 50 days for both sexes. In-hospital mortality was 1.6% (n = 6). Rheumatic heart disease developed rapidly in these patients. CMC has a place as a low cost treatment of mitral stenosis when a heart lung machine is not available.

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