Mitral annular calcification (MAC) complicates treatment of mitral valve pathology. Despite a multitude of options, a lack of consensus remains regarding optimal strategy to ensure excellent outcomes.
in MV surgery with MAC; however, this remains a single case report, and a larger cohort study evaluating the technique is necessary.

Despite numerous techniques, the high calcium burden of MAC complicates MV surgery, as the calcium often extends from the posterior annulus to the chordae tendinae and into the left ventricle. There is increased risk of serious complications (atrioventricular dissociation, annular rupture, left circumflex artery injury, thromboembolic events, and PVL) with outcomes of the various techniques often described as “acceptable” when as a field we should be striving for much more than “acceptable.”

References