Poster

Jaundice as a Complication after Mitral Valve Repair: A Case Report

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Jaundice is a rare complication following mitral valve repair, usually occurring in the early postoperative period or when the bilirubin peak reaches ≥ 25 mg/dl. We report the case of a 12-year-old Black male patient from Cuanza Sul who presented with chest pain and fatigue on moderate to intense exertion, with a one-year history of symptoms. On physical examination, a cardiac murmur was detected, suggesting heart disease. Chest X-ray showed moderate cardiomegaly, and the patient was referred to CHDCP-CDAN for diagnostic and therapeutic management. Laboratory tests revealed: Hemoglobin 5.9 mg/dl, Hematocrit 18.3%, Platelets 415x10³/µL, Leukocytes 11.95x10³/µL, Neutrophils 62.1%, AST 21.4 U/L, ALT 8.2 U/L, Blood type O Rh+. Transthoracic echocardiography showed dilation of the left chambers, LVEF 57%, mitral valve with thickened leaflets and severe opening restriction, with a mean gradient of 9.8 mmHg and maximum of 19.7 mmHg. The tricuspid valve also had thickened leaflets, severe regurgitation, right ventricular–atrial gradient of 95.9 mmHg, and pulmonary artery systolic pressure (PASP) of 110.9 mmHg. The patient underwent surgical treatment consisting of mitral valve commissurotomy, papillotomy, and tricuspid valve repair (Key bicuspidization technique). Twenty-four hours after the procedure, he developed generalized jaundice with elevated total and direct bilirubin levels, but without alteration in transaminases (total bilirubin: 32.37 mg/dl; direct bilirubin: 19.79 mg/dl). No hepatobiliary cause was identified, and expectant management was maintained. Complete resolution of jaundice occurred within 15 days, after which the patient was discharged and followed up as an outpatient. Post–mitral valve repair jaundice is a rare complication that may occur early in the postoperative period without identifiable hepatobiliary injury. Preoperative risk factors include pulmonary hypertension, preexisting liver disease, congestive heart failure, and chronic kidney disease. Intraoperative factors include multiple valve surgeries, prolonged aortic cross-clamp time, multiple blood transfusions, and hypotension. It is a self-limiting complication with generally good prognosis, although it can prolong hospitalization and, occasionally, be associated with increased mortality risk.

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