

WORLD CONGRESS ON RHEUMATIC HEART DISEASE

2-4 November 2023 • Abu Dhabi



Submission Id: 16

Title: IMPROVISED TRICUSPID ANNULOPLASTY DURING LEFT SIDE VALVE SURGERY CAUSED BY RHEUMATIC HEART DISEASE.

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Background & Aims: We aimed to assess the mid-term period outcome of tricuspid valve annuloplasty without valve sizing for functional and organic tricuspid valve lesion due to RHD.

Methods: This is a retrospective cohort study for mid-term outcome of patients who underwent tricuspid valve annuloplasty without the need of valve sizing from October 2018 to December 2022. Using a structured questionnaire data collected for demographic and clinical characteristics such as the degree of tricuspid valve regurgitation, stenosis and need for reoperation on tricuspid valve at one month, one year, at two year, at three year, at four year, and five year after the surgery and death due to the cardiac disease were collected.

Results: Sixty patients were one year and older since their index surgery and 56 (93.3%) patients were in the first year follow up. Of the total 60 patients, 53(88.3%) had severe tricuspid valve regurgitation and the remaining 7(11.7%) had tricuspid valve stenosis before the surgery. Among the 56 patients who reached the first year follow up 6 patients were having moderate or severe TR. Among the 35 patients who were into the second year follow-up only three patients were having moderate TR. There was no progression of tricuspid valve regurgitation for all patients throughout the follow-up period.

Conclusions: Tricuspid valve annuloplasty without valve sizing is simple, reproducible, and cheap. The outcome in mid-term course is excellent. This technique of repair is an excellent option especially for non-organic tricuspid valve lesion and for set ups with limited resource.