



# Successful management of TricValve pop out

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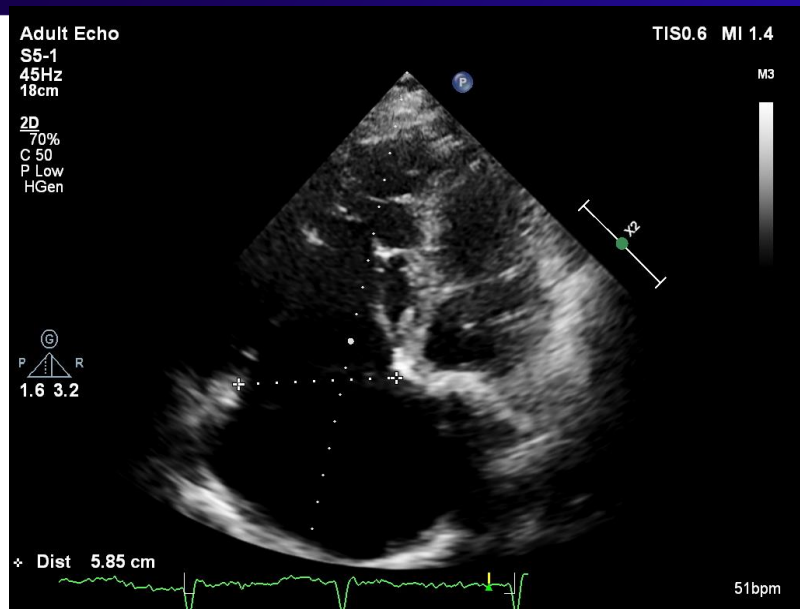
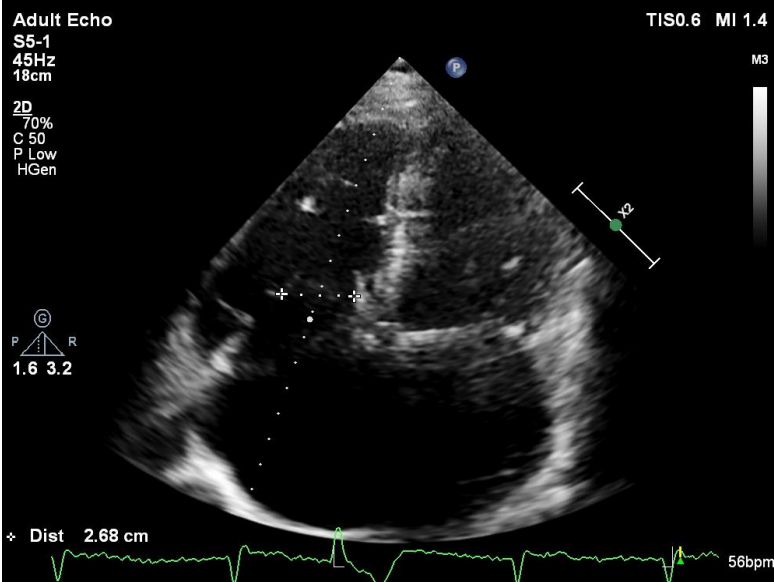
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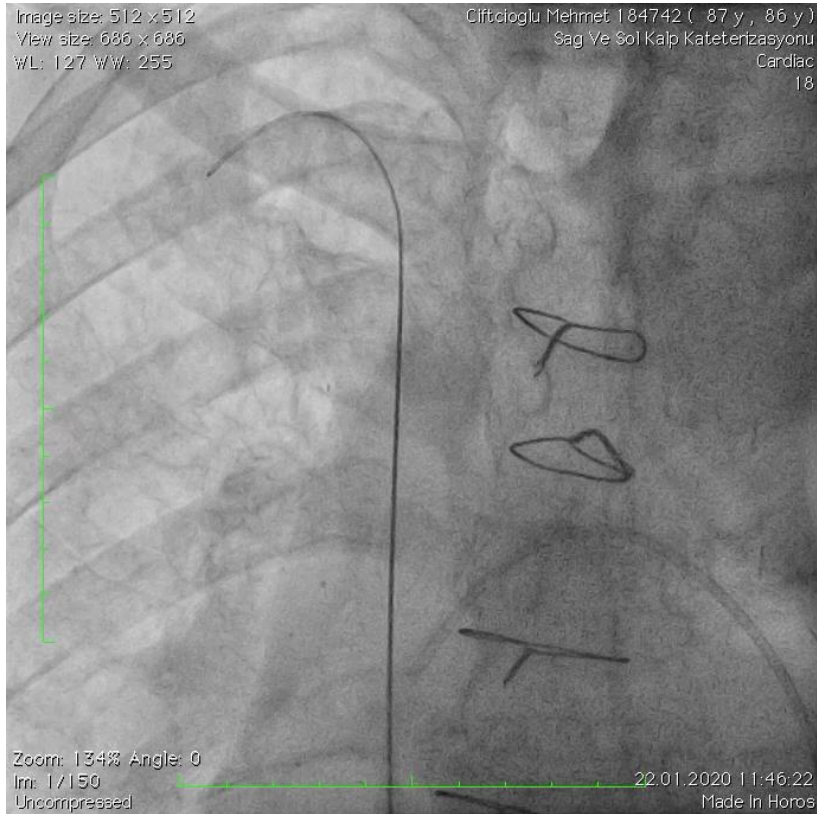
(c) Department of Cardiology, Memorial Bahçelievler Hospital, Istanbul, Turkey

- Tricuspid valve disease has been a “neglected valvulopathy” for many years. In patients with left heart pathologies, chronic pressure overload on right ventricle causes functional TR, and is associated with poor prognosis<sup>1</sup>.
- Transcatheter tricuspid valve therapy (TTVT) has emerged as a novel strategy for patients with high or prohibitive surgical risk.

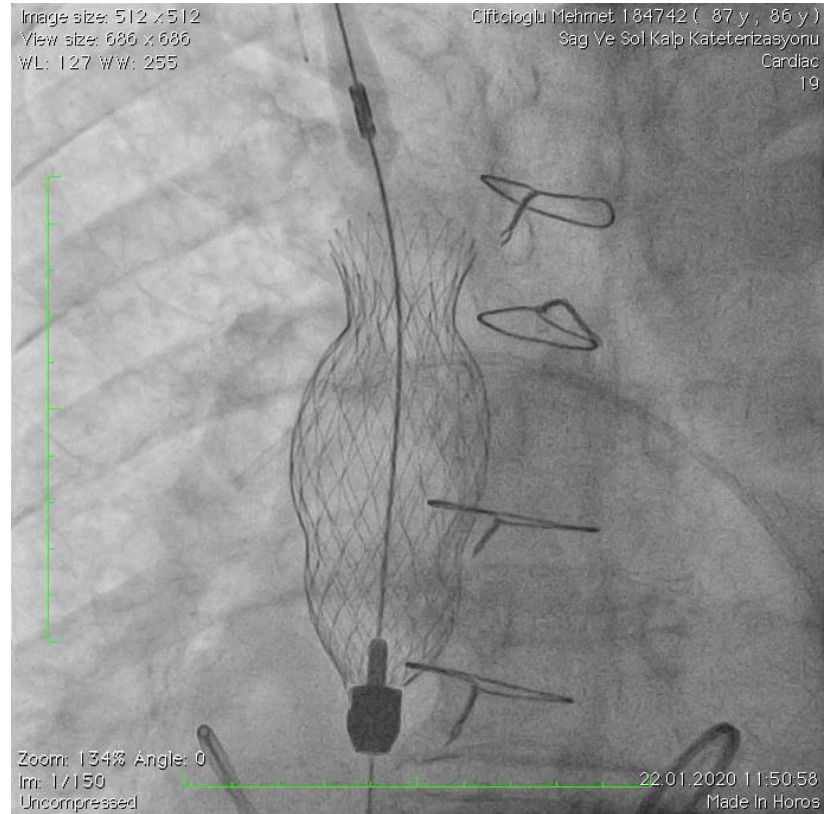
<sup>1</sup> Nath J, Foster E, Heidenreich PA. Impact of tricuspid regurgitation on long-term survival. J Am Coll Cardiol. 2004 Feb 4;43(3):405-9. doi: 10.1016/j.jacc.2003.09.036. PMID: 15013122.

- A-86-year old patient presented with dyspnea (NYHA Class III-IV) and ascites, resistant to diuretics.
- History of AVR+CABG 18 years
- Persistent atrial fibrillation, chronic renal failure, COPD
- TTE revealed severe functional TR, enlarged right ventricle (RV) with preserved RV functions, moderate mitral regurgitation, normal LVEF (%60) and normal functioning prosthetic aortic valve.
- No history of device therapy
- Patient was considered high risk for surgery, heart team decided percutaneous intervention (EUROSCORE %10.89)



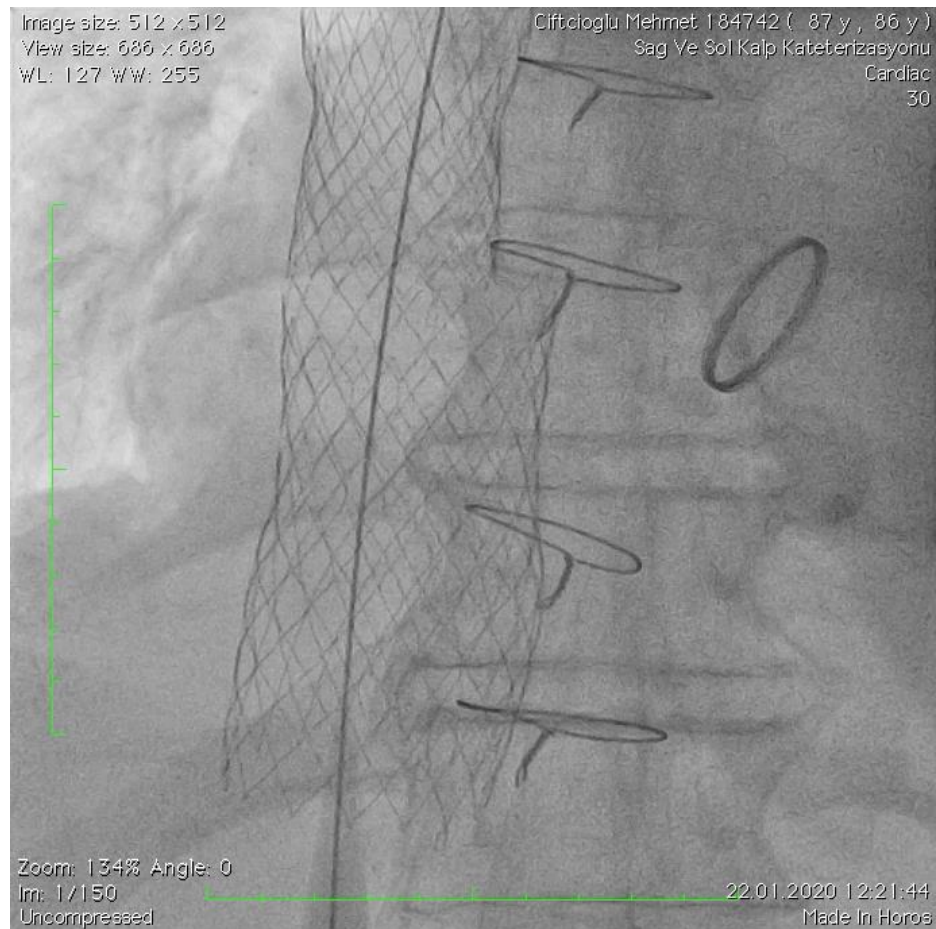
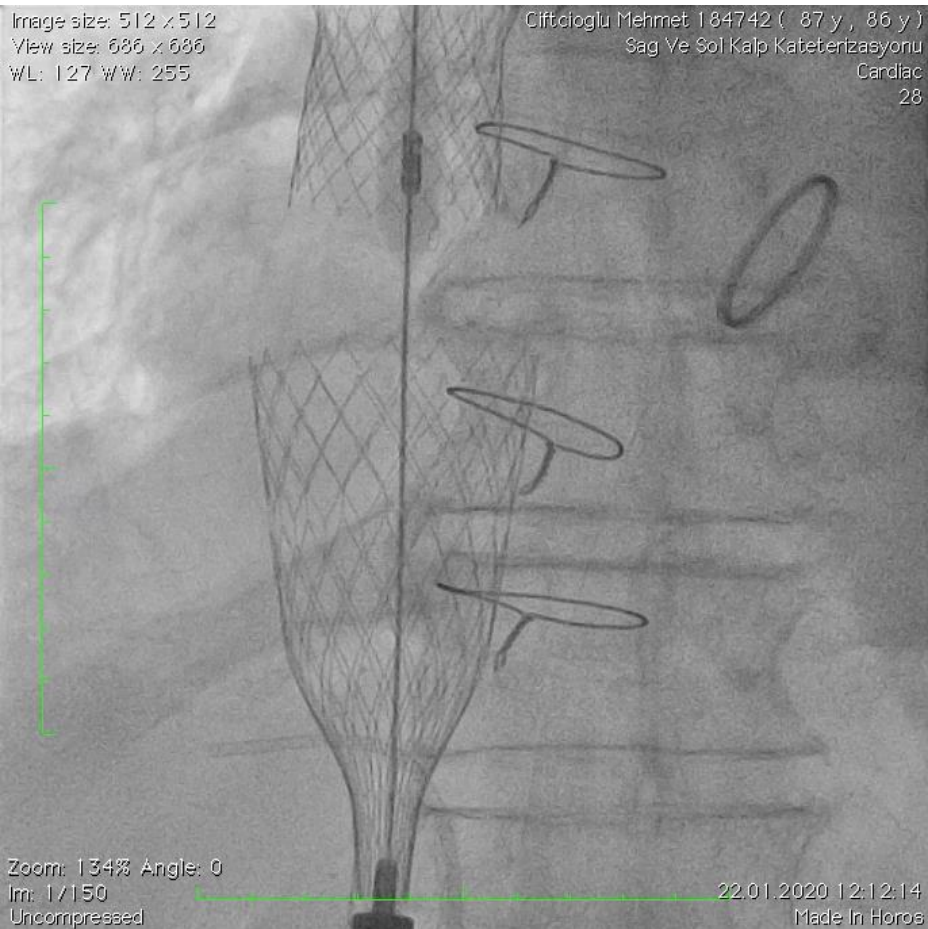


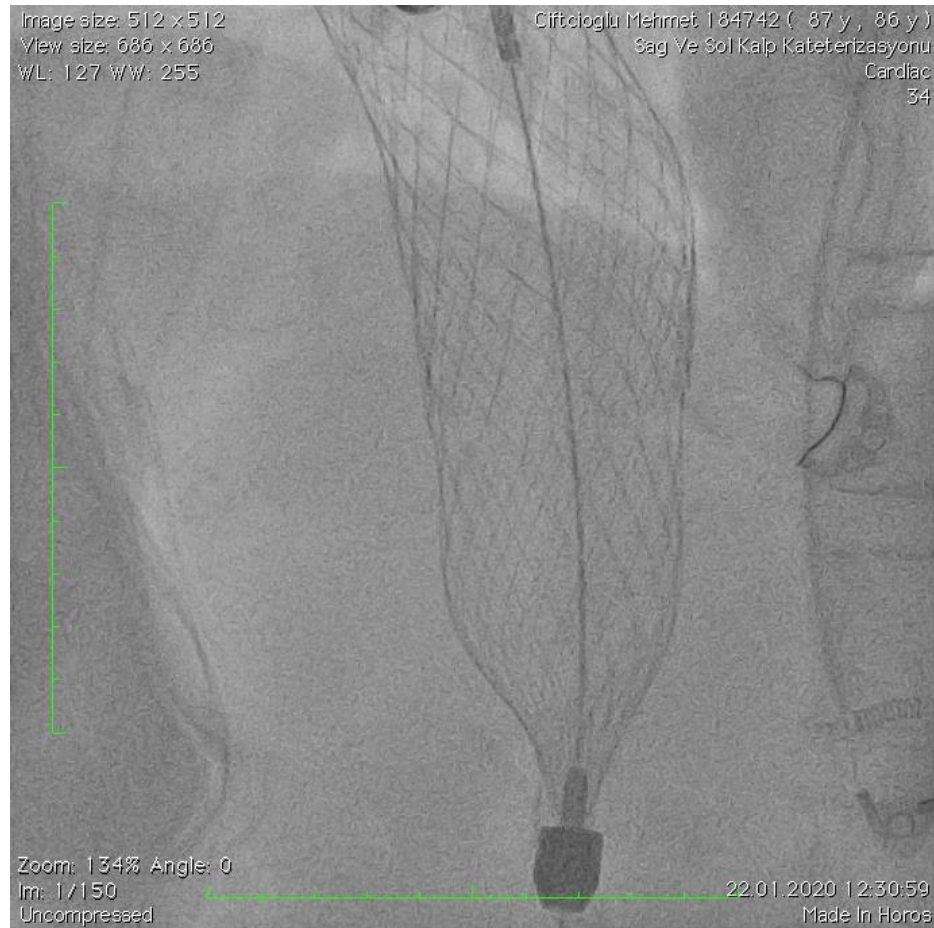
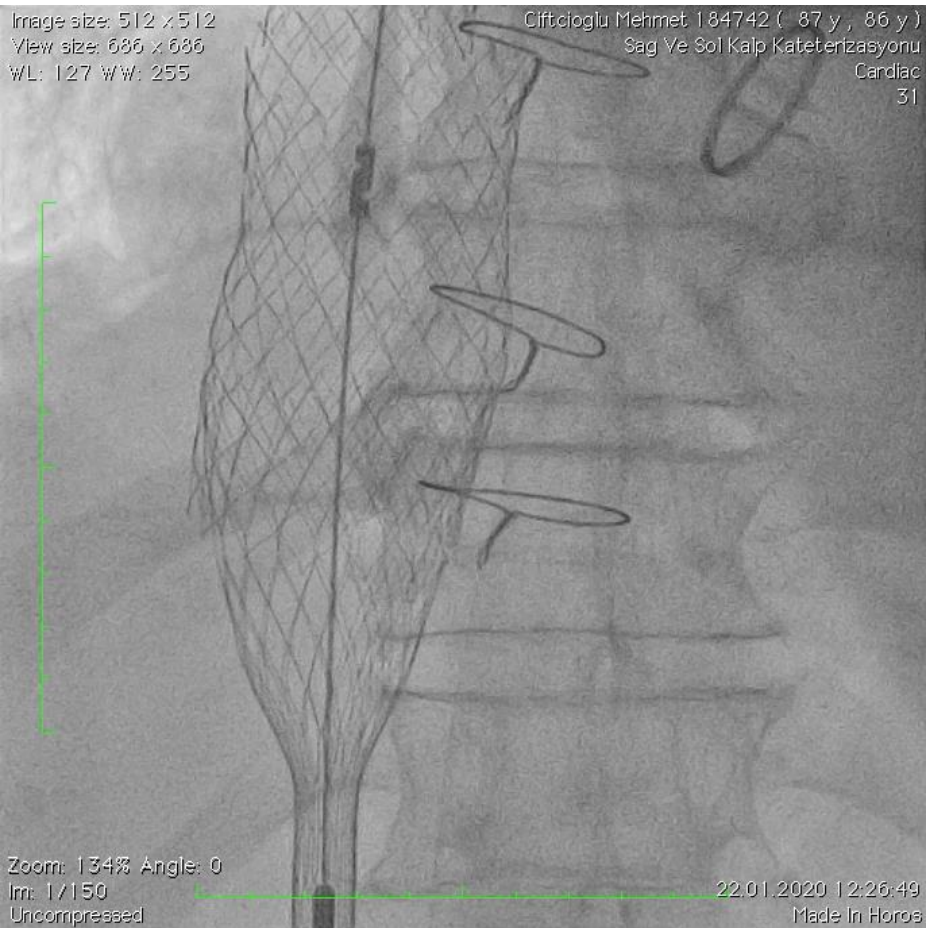
Alignment of superior caval valve, catheter positioned in pulmonary artery

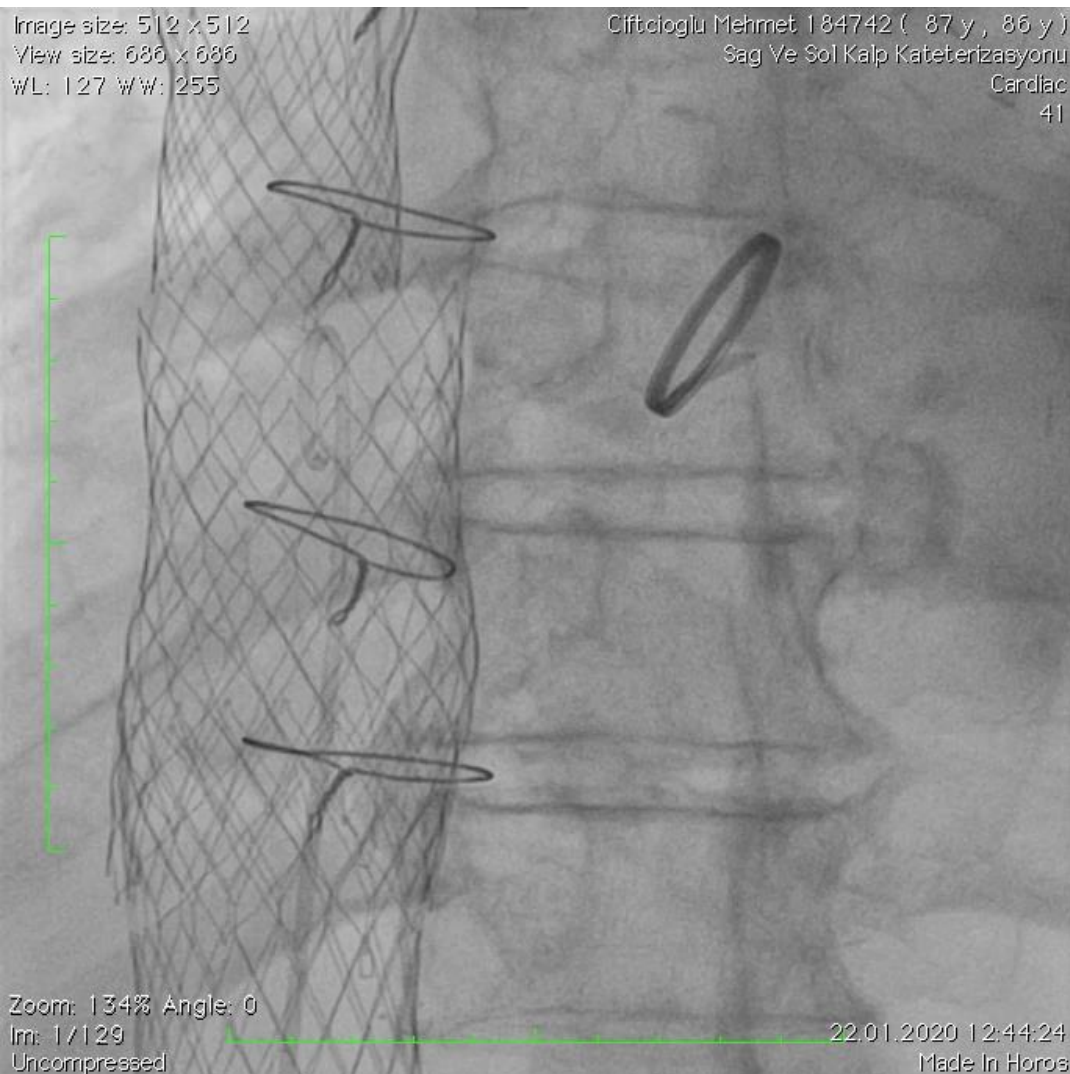


Successful expansion of superior caval valve









- Due to high surgical risk, heart team decided watchful waiting for the migrated valve.

- 6 month follow-up;
- Functional status improved to NYHA II
- 6MWT from 145 to 225 meters
- TR remained severe

Despite the migrated valve, no hemodynamical or clinical worsening was observed. Patient's clinical symptoms were significantly improved. Patient follow-up was uneventful for 6 months.