A Case of Prosthetic Tricuspid Valve Failure

Chief Complaint

M/49

Facial and lower extremity edema

Onset: 6DA

Associated symptom: dyspnea on exertion

Present Illness

1996: Diagnosed as Ebstein's anomaly with TR

2000. 12: Chest discomfort (+)

2004. 11: Exertional dyspnea → CAG: 3VD

2004. 12: CABG & TVR (St. Jude 33mm)

2005. 2: , , ,

Physical Findings

V/S) 130/80 - 90 - 24 - 36.5

JVP 12 cmH2O

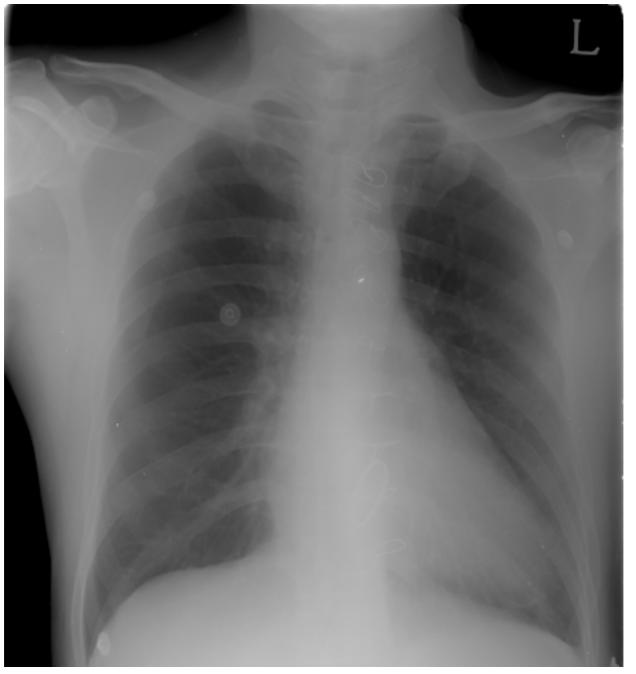
RHB without murmur,

Prosthetic opening click (-)

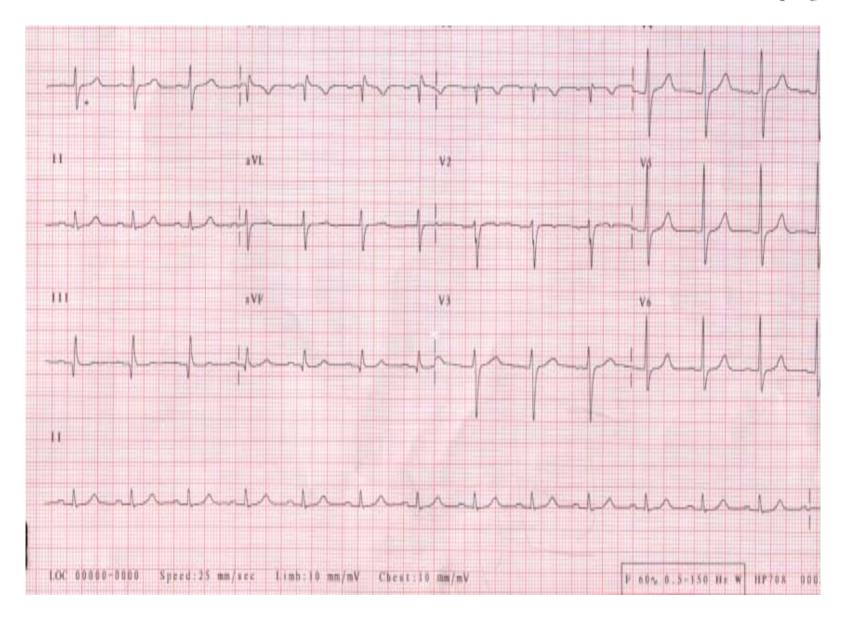
Crackles (-)

Shifting dullness (+)

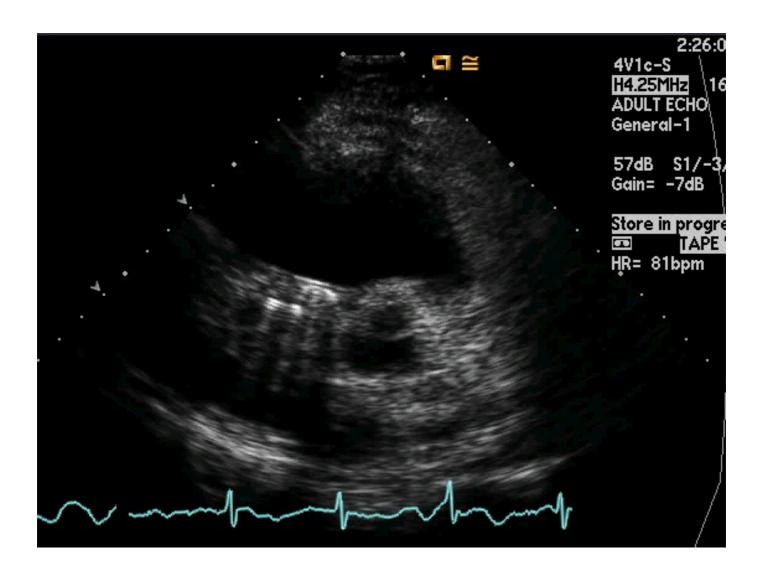
Pitting edema (+/+)



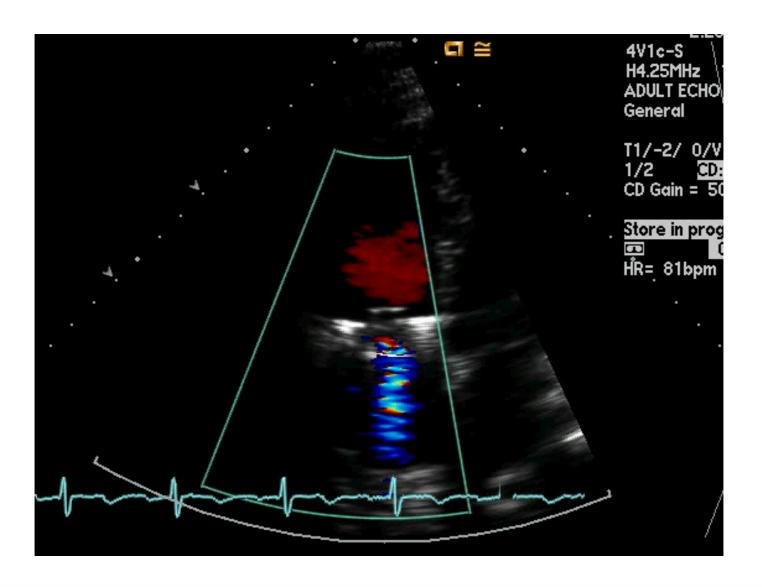
2005 Spring KSC



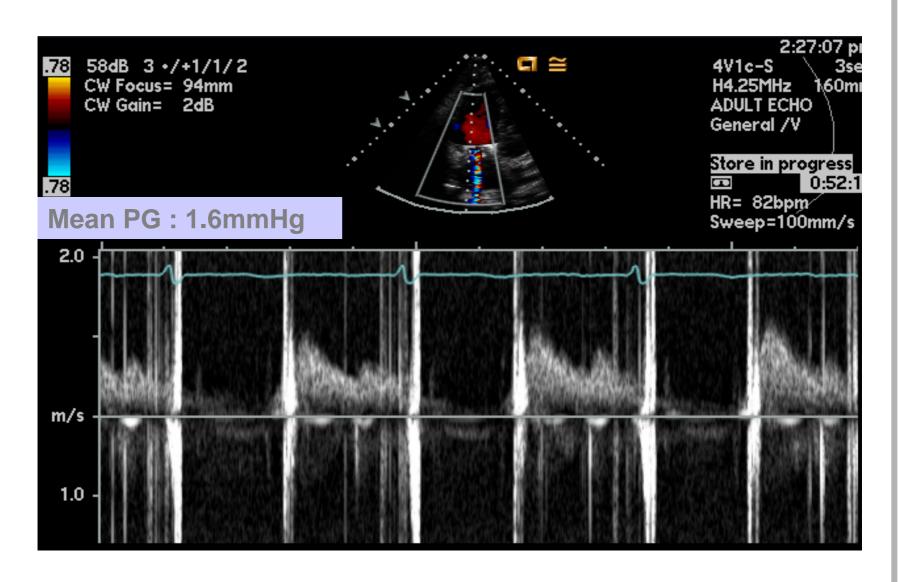
2004.12 (Postop)



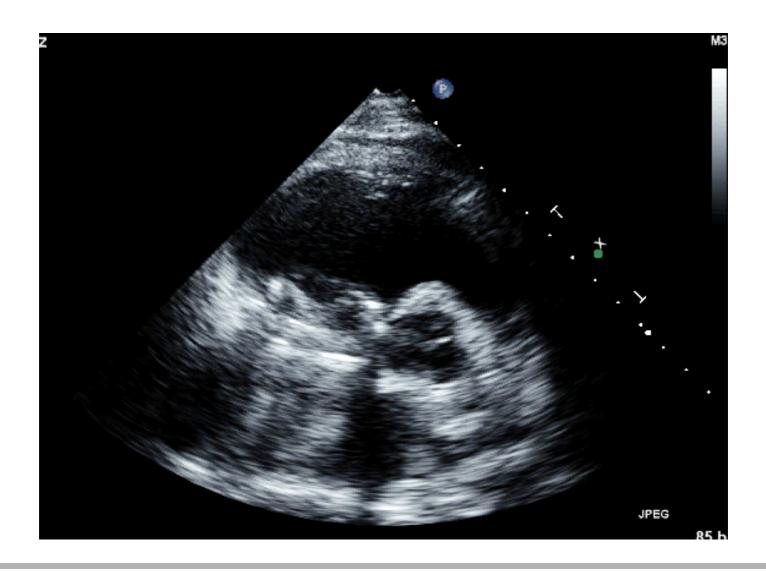
2004.12 (Postop)



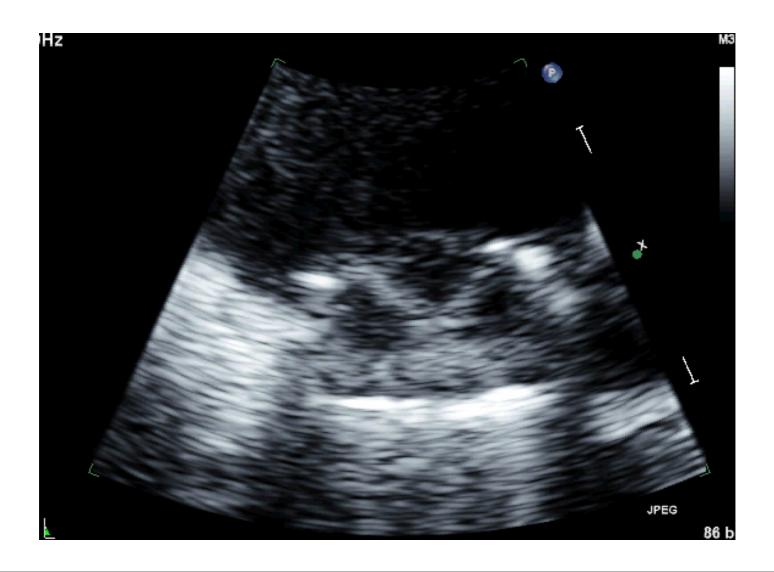
2004.12 (Postop)



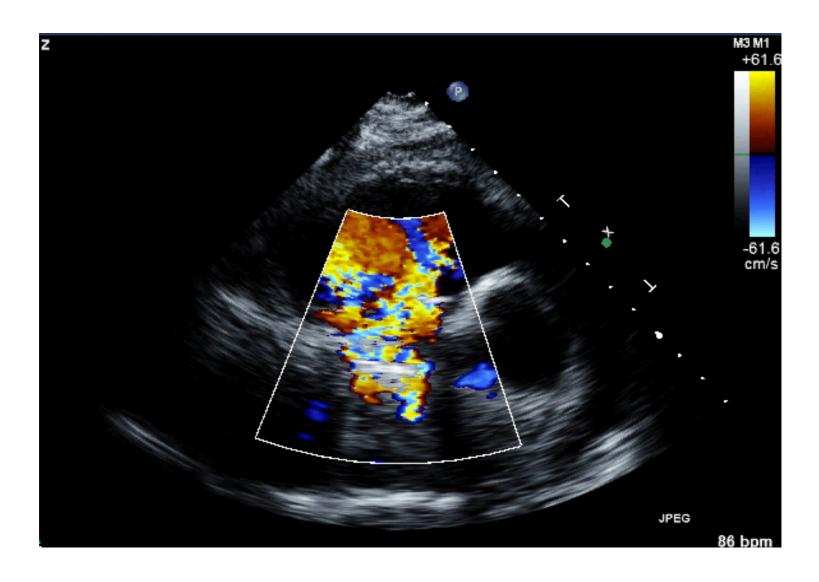
2005. 2 (OPD)



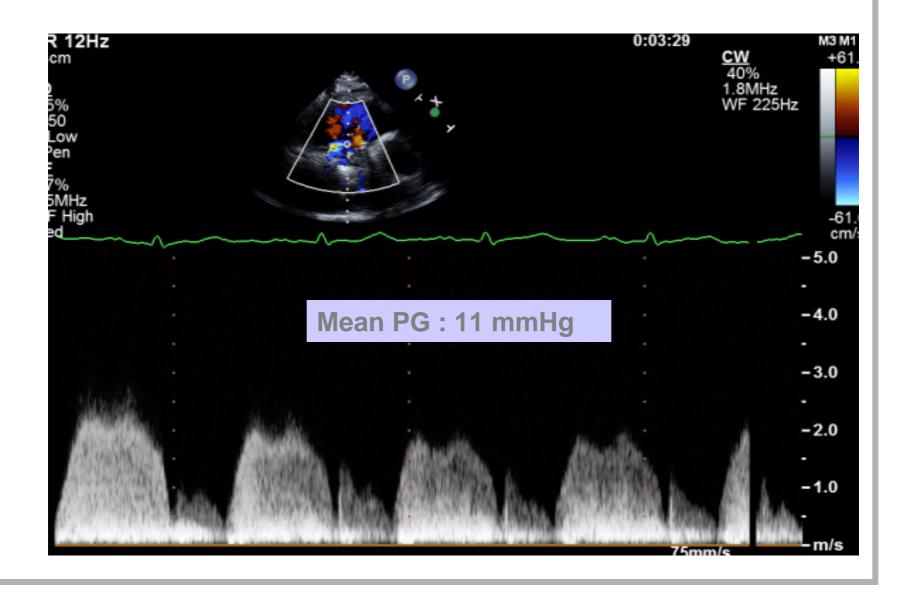
2005. 2 (OPD)

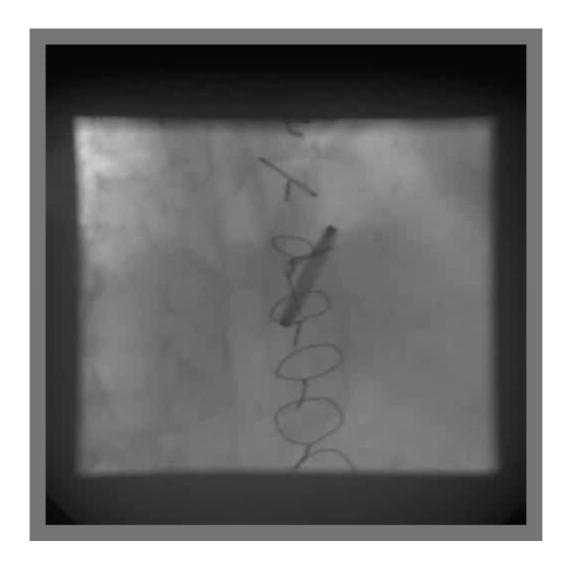


2005. 2 (OPD)



2005.2 (OPD)

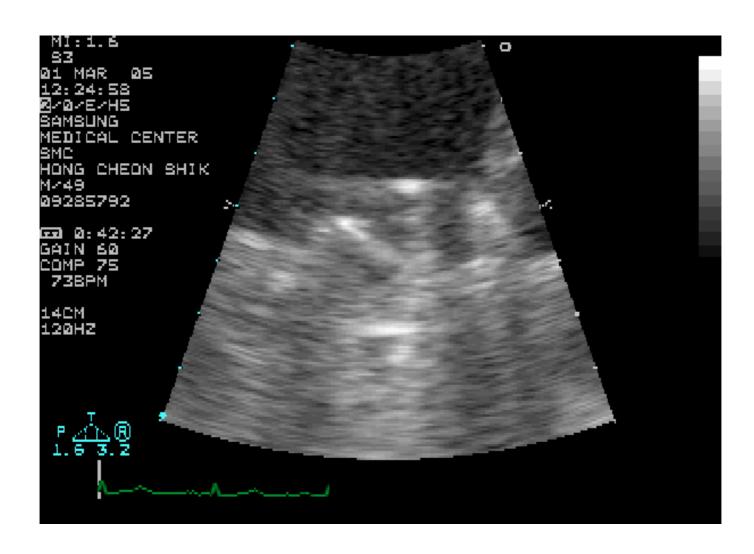


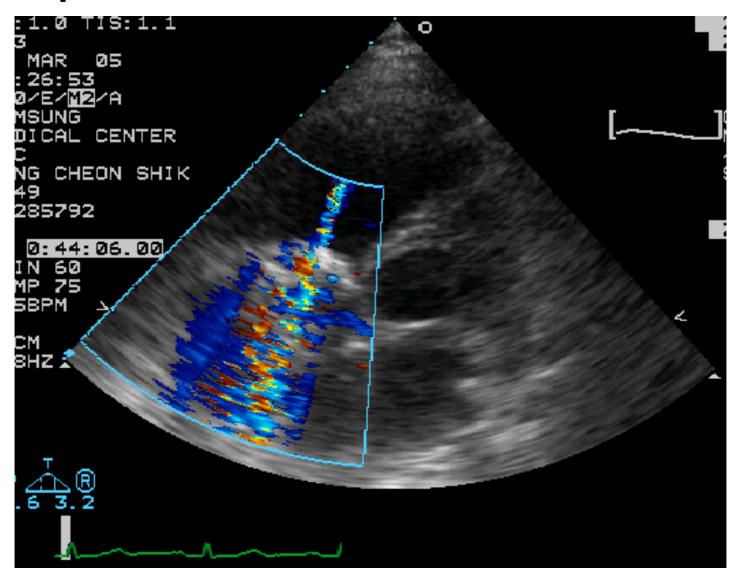


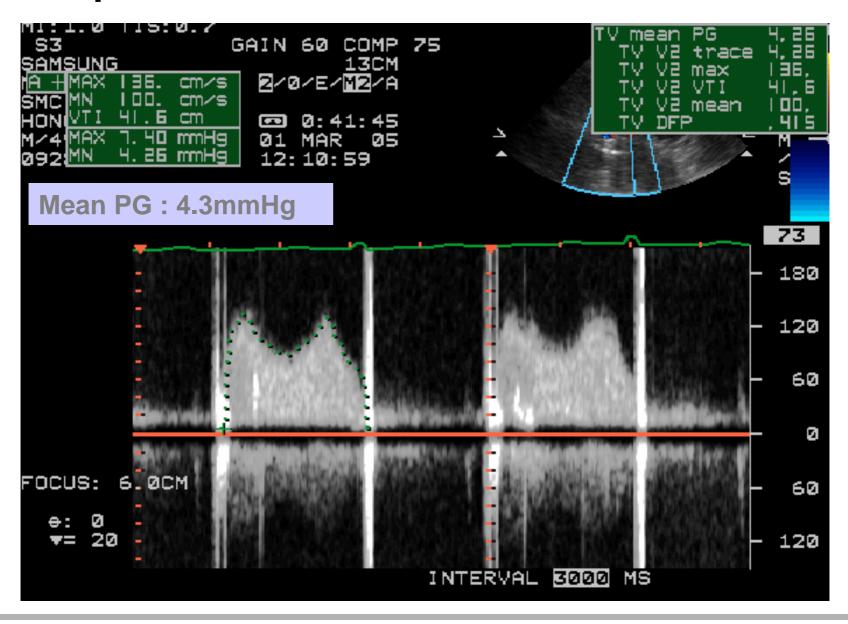
Urokinase 500,000 U loading over 20min

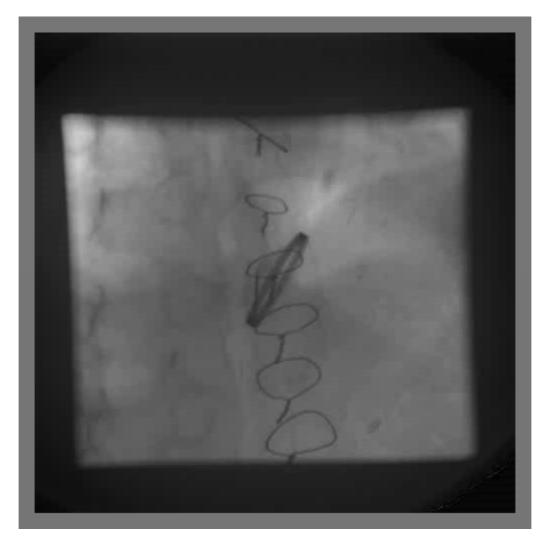


IV 2,500,000 U infusion over 12hr



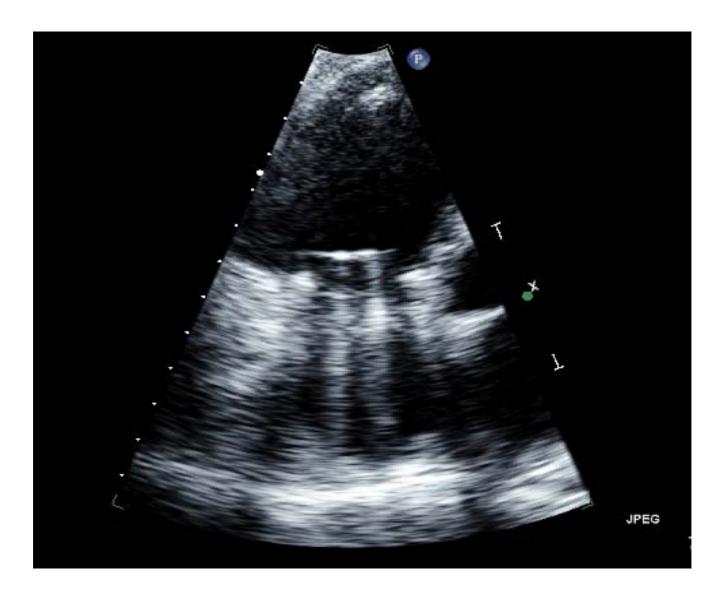




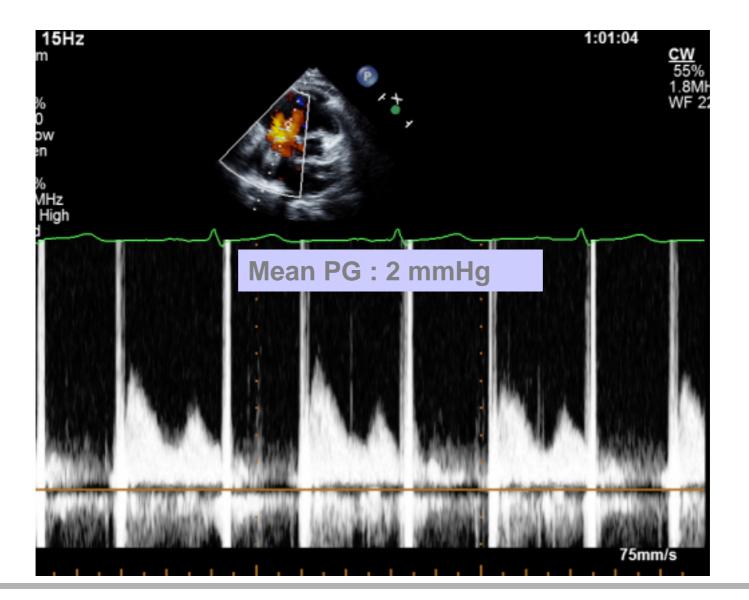


Repeat thrombolysis with Urokinase











Prosthetic Valve Thrombosis

Incidence

- Annual incidence: 0.1%-5.7%
- 4~8.6% within 5 years of implantation
- 13% in 1 year for tricuspid prosthesis

Diagnosis

Clinical presentation

Dyspnea

Metalic click

JVP

Pulmonary congestion

Poor peripheral perfusion

Systemic embolization

Assessing valve function

Cinefluoroscopy

TTE & TTE

Doppler echocardiography

Therapy

Medical Treamtent

Heparinization

Nonobstructive thrombosis 63%

Thrombolysis(UK, streptokinase, t-PA)

Alternative to surgery

Thrombembolic risk:0-20%

Stroke rate:5-10%

Major bleeding:5-10%

Surgery

Traditional treatment

Mortality: 35% in critically ill patient

Therapy

Right -sided PVT: Thrombolytic therapy

Left - sided PVT : Surgery

Critically ill patients
Immediate surgery is not available
Contraindication to surgery
Small thrombus

→ Thrombolysis

Korean Circulation J 1991

1994

2001

Korean J Thoracic Cardiovasc surg 2002