Management of Tricuspid Regurgitation in 2017

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Just like as the function of right ventricle (RV) has been neglected, the significance of tricuspid regurgitation (TR) has also been ignored for a long time. However, recent studies have demonstrated that TR is an important predictor of long-term clinical outcomes in various conditions, and the surgical correction of TR is associated with improved clinical outcomes.

The management of severe tricuspid TR generally depends on the underlying etiology and pathology of the tricuspid valve. According to the current guidelines, surgical correction of primary TR is recommended in symptomatic patients with severe TR. In asymptomatic severe primary TR, TR surgery may also be considered in patients with progressive RV dysfunction. In patients with functional TR, TV surgery is generally considered at the time of left sided valve surgery, and the determinants for TR surgery include not only symptoms but also the presence of tricuspid annular dilation or pulmonary hypertension or RV function. Despite the recommendation of current guidelines, there are lots of issues regarding the management of TR and thus TR management is becoming an increasingly difficult decision making problem. Here, therefore, the current status or issues of TR management will be discussed.

References

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