

**ATHENS CARDIOLOGY UPDATE 2008**

## Rheumatic Tricuspid Regurgitation after Left Valve Surgery

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**1<sup>ST</sup> CASE:**

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A 77 old male presented with one year history of progressive dyspnea, upper abdominal discomfort and massive edema. He had an aortic and mitral valve replacement 10 years earlier for rheumatic involvement while tricuspid regurgitation on that time was reported as moderate and was left inoperable. Physical examination demonstrated prominent jugular V waves, grade III holosystolic murmur along the left lower sternal border, pulsatile hepatomegaly, ascites and massive lower extremity edema. Transthoracic echocardiogram revealed well functioning prosthetic left heart valves, a rheumatic tricuspid valve, severe tricuspid regurgitation (TR), plethoric inferior vena cava and right ventricular systolic pressure less than 40 mmHg suggesting the rheumatic than functional origin of TR. The right ventricle was dilated with impaired systolic function.

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**2<sup>ND</sup> CASE:**

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A 48 years old asymptomatic female was presented for a post surgery follow-up. She had a mitral valve replacement in the past and a second operation of aortic valve replacement 1 year earlier for rheumatic aortic stenosis. Physical examination put the suspicion and the transthoracic echocardiogram revealed a severe tricuspid regurgitation of rheumatic origin with normal right ventricular systolic pressure. In the preoperative echocardiographic study (1 year earlier) tricuspid regurgitation was reported as mild to moderate.

These cases illustrate the clinical and echocardiographic manifestations of inoperable rheumatic tricuspid regurgitation early and late after left heart surgery. They also emphasize the importance of the preoperative echocardiographic estimation of tricuspid regurgitation severity since symptoms of severe tricuspid regurgitation are manifested several years following the development of clinical mitral valve disease.

### REFERENCES

Kharabsheh SM, Al-Sugair A, Fadal BM. Rheumatic tricuspid regurgitation with giant right atrium and slow flutter. *J Cardiovasc Dis* 2004;2(2-3):110-111.