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Tricuspid valve repair with dacron band versus devaga or segmental annuloplasty: Hospital outcome and short term results

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Background: The purpose of this study was to compare the hospital outcome and short term results of tricuspid valve (TV) repair with three repair techniques for functional tricuspid regurgitation (TR), namely, flexible Dacron band, DeVaga and segmental annuloplasty.

Methods: 60 patients underwent TV repair at National Heart Institute from January 2013 to November 2014, of which 20 had De Vega procedure (DV), 20 had a segmental annuloplasty (SA) procedure and 20 had a Dacron band (DB) procedure. Concomitant procedures done for rheumatic left sided valve pathology consisted of mitral valve replacement in 70% of patients, and double valve replacement in 30% of patients. Clinical and echocardiographic follow-up data were obtained. Follow-up was 100% complete and was concluded after one year.

Results: All demographic criteria and preoperative characteristics of the three studied groups were comparable except for right ventricular (RV) size in cm that was significantly bigger in Dacron band group as compared to the other two groups (3.18 ± 0.43 cm compared to 3.00 ± 0.33 cm (DV) and to 2.88 ± 0.35 cm (SA), p value of (0.045)). Similarly, all operative and postoperative criteria were comparable among the study groups. Noticeably, (RV) size in cm remodeled better in (DB) group as compared to the other two groups, (2.54 ± 0.26 cm compared to 2.83 ± 0.31 cm (DV) and to 2.72 ± 0.29 cm (SA), p value of (0.009)). the majority of patients in each group did not have tricuspid regurgitation (TR) or mild degree (+1) of (TR) on discharge. After one year of follow up, most of the patient had either no regurgitation or grade (+1 TR). 2 patients (10%) in DV group and one patient (5%) in SA group had (+3 TR), P value by Chi-square test was 0.399, 0.451, 0.840 for DB, DV, SA groups respectively. There was no statistical significance in the incidence of hospital mortality, only one patient died in DB and one in DV group (5%) and no death happened after hospital mortality for the three groups after one year.

Conclusions: The three techniques are options to repair the tricuspid valve, however, placement of an annuloplasty dacron band in patients undergoing tricuspid valve repair is associated with better RV reverse remodeling. Higher number of patients is needed to appreciate the effect on survival and rate of reintervention.

Biography

Ahmed Abdelgawad has completed his MD from Alazhar University, Cairo, Egypt. He also has MRCS, Msc General Surgery. He is a Member of STS, RCS England and ESCTS. He is a Member of the examination committee of the Egyptian Board of Cardiothoracic Surgery. He has published 8 papers in reputed journals. He has worked as a Consultant Cardiac Surgeon at National Heart Institute of Egypt and currently work as an Associate Consultant Cardiac Surgeon at Madinah Cardiac Center of Saudi Arabia.

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