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## Functional Tricuspid Regurgitation in Rheumatic Heart Disease: Results of De Vega annuloplasty

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**Objectives:** Tricuspid regurgitation (TR) in patients with rheumatic heart disease is associated with poor outcome and predicts poor survival, heart failure, and reduced functional capacity. We review our experience in DeVega annuloplasty for functional TR.

**Methods:** Between 2007 and 2015: 520 patients (mean age, 37 years) underwent a De Vega tricuspid annuloplasty with concomitant rheumatic mitral and or aortic valve disease operated. All patients were investigated perioperatively by Doppler echocardiography. Echocardiographic assessment of tricuspid incompetence was on the basis of gradation of tricuspid regurgitation severity according to color Doppler flow criteria, the flow convergence region proximal to the regurgitant orifice (PISA), the size of the tricuspid annulus, and estimation of the pulmonary artery systolic pressure by continuous Doppler. Median tricuspid insufficiency was 3+. All patients underwent De Vega tricuspid annuloplasty at the time of mitral and or aortic surgery.

**Results:** There were 23 postoperative deaths. Four patients (who had a severe pulmonary hypertension and or right ventricular dysfunction) had developed a right cardiac failure 1 to 2 weeks after surgery. The postoperative course was uneventful in all other patients. The mean follow was 5.5 years. Post-operative echo study: There was 1+ or less TR in 453 patients (87%), moderate TR 2+ in 37 patients (7%) and severe TR 3+ in 7 (1.34%) patients who had a severe pulmonary hypertension.

**Conclusions:** DeVega tricuspid annuloplasty is a simple, short, and inexpensive procedure with few complications. In a developing country like Morocco, De Vega annuloplasty remains the procedure of choice in the management of functional tricuspid valve incompetence.

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