

## Concomitant tricuspid valve repair in patients undergoing mitral valve surgery: A recent update.

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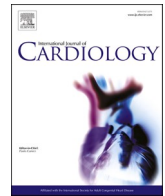
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## Letter to the Editor

## Concomitant tricuspid valve repair in patients undergoing mitral valve surgery: A recent update



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We applaud Pagnesi and colleagues for their meta-analysis on tricuspid annuloplasty (TA) versus conservative approach in patients with functional tricuspid regurgitation (TR) undergoing left-sided heart valve surgery [1].

Based on observational data, guidelines recommend concomitant TA during mitral valve surgery (MVS) in patients with severe TR (class 1 recommendation), and less-than-severe TR if associated with tricuspid annular dilatation or right heart failure (class 2a recommendation) [2,3]. However, due to concerns of increased cardiopulmonary bypass time and risk of permanent pacemaker implantation with concomitant TA, there is wide variation in practice with regards to management of less-than-severe TR in patients undergoing MVS.

Recently, Gammie et al. published the results of their multicenter trial on 401 patients with moderate TR or annular dilatation who were undergoing MVS, randomized to either receive MVS alone or MVS with TA [4]. After two years of follow-up, the primary outcome which was a composite of death, reoperation for TR and echocardiographic progression of TR was significantly higher in the MVS alone group (10.2% vs 3.9%), a difference driven by progression of TR. The mortality, heart failure events, readmissions, quality of life and functional status was similar between the groups. The MVS with TA group had significantly higher odds of getting pacemaker implantation.

While these results are informative, longer follow-up is required to fully capture the clinical effect of TR progression and pacemaker implantation. The above trial will follow patients for 5 years and this data may help delineate the right choice in these patients.

## Declaration of Competing Interest

The authors report no relationships that could be construed as a

conflict of interest.

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