

Two Cases of Isolated Tricuspid Regurgitation due to Idiopathic Annular Dilatation

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Abstract: Two rare cases of isolated tricuspid regurgitation (TR) due to idiopathic annular dilatation in a 67-year-old man and 65-year-old woman are herein presented. Each patient demonstrated signs of right ventricular dysfunction and chronic atrial fibrillation with a preserved left ventricular systolic function. Severe TR was detected on color flow Doppler studies. Cardiac catheterization indicated the pulmonary pressure to not be significantly elevated. In addition, no left ventricular dysfunction was observed in either case. An endomyocardial biopsy was performed before the operation in the case of a 65-year-old woman and the existence of cardiomyopathy could thus be ruled out. At surgery, the tricuspid valve showed no abnormalities other than a severely dilated tricuspid annulus and De Vega tricuspid annuloplasty was thus performed. Postoperatively both patients demonstrated a satisfactory course without the need to administer any anticoagulant therapy.

Key words: Isolated tricuspid regurgitation, Idiopathic annular dilatation, De Vega tricuspid annuloplasty, Endomyocardial biopsy