JACC Cardiovascular Imaging
A Journal of the American College of Cardiology

DECEMBER 2014
VOLUME 7
NUMBER 12

INSIDE THIS ISSUE

ORIGINAL RESEARCH

VINI: The long-term clinic outcomes of isolated tricuspid regurgitation (TR) (without significant co-morbidities, structural valve disease, significant pulmonary artery systolic pressure elevation by Doppler or overt cardiac cause) are not well defined.

VIDI: In this study of 353 patients with isolated TR (age 70 years, male 33%, ejection-fraction 63%, all with right-ventricular-systolic-pressure <50 mm Hg), isolated severe TR (effective regurgitant orifice [ERO] ≥40 mm^2) independently predicted higher 10-year mortality and cardiac events. No adverse consequence could be detected with moderate isolated TR (ERO <40 mm^2). Only 16% of patients underwent cardiac surgery for TR 5 years after diagnosis.

VICI: The adverse outcomes with ERO ≥40 mm^2 compared to EROA <40 mm^2, support the use of quantitative TR grading as a standard in echocardiographic laboratories. Clinically, the implications of the study suggest that earlier surgical intervention might be beneficial for severe isolated TR. A prospective clinical trial should be considered to confirm the impact of tricuspid surgery on outcomes before such a practice is widely adopted.

CME
JACC: Cardiovascular Imaging CME is available online. Go to http://imaging.onlinejacc.org.

Articles with this symbol are accompanied by videos. Please go to www.jacc-imaging.org to view.

CONTINUED ON PAGE A-10

JACC Cardiovascular Imaging

A-10

DECEMBER 2014 VOLUME 7, NUMBER 12

CONTINUED ON PAGE A-11