

JCK Oral

## JCK Oral 3 (II-JCKO3)

### Cardiac Surgery

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Sat. Jul 8, 2017 1:50 PM - 3:20 PM ROOM 3 (Exhibition and Event Hall Room 3)

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1:50 PM - 3:20 PM

### [II-JCKO3-02]The necessity of TV repair with PVR in repaired TOF

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Tricuspid regurgitation (TR) in repaired TOF has known to be functional due to right ventricular dilatation produced by chronic pulmonary regurgitation. There is a guideline that suggests pulmonary valve replacement when significant tricuspid regurgitation is progressive. Therefore, spontaneous improvement of TR could be expected after pulmonary valve replacement in repaired TOF but clinical outcomes were not sufficient. Studies about pulmonary valve replacement in repaired TOF revealed TR repair was performed concomitantly in 13-41% of patients. It is true that TR in repaired TOF is not only functional but also pathologic. Previous reports have shown that some patients with repaired TOF have tricuspid leaflet abnormalities or displacement after ventricular septal defect repair or ventricular pacing lead placement. It is important to differentiate the reasons of TR that make different treatment. In the era of percutaneous pulmonary valve replacement, the necessity of TR repair is getting more important. They recommended surgical insertion of pulmonary valve when TR should be repaired. And over we don't have clear surgical indications of TR repair associated with repaired TOF. There is a guideline for TR repair when MV repair is to be expected. We reviewed TR mechanism in repaired TOF, the consequences of pulmonary valve replacement in repaired TOF and safety and confidence of TR repair in repaired TOF.