Letter by Tunçez et al Regarding Article, “The Forgotten Valve: Isolated Severe Tricuspid Valve Stenosis”

To the Editors:

We read with great interest the article by Al-Hijji et al.1 The authors reported the case of a 67-year-old white man who had undergone cardiac resynchronization therapy with defibrillator (CRT-D) placement 9 months before. He presented with fatigue and dyspnea on exertion for 6 months. Isolated severe tricuspid valve stenosis was detected, and the patient underwent redo thoracotomy for tricuspid valve replacement. We have some comments about this report.

Cardiac resynchronization therapy is an important treatment option for patients who have heart failure. Current guidelines state several recommendations for CRT-D implantation for patients with heart failure, and there is no indication-recommendation for patients whose left ventricular ejection fraction is >35%.2 In the article by Al-Hijji et al, Online-only Data Supplement Movie II, from an apical 4-chamber view, shows normal tricuspid valve morphology and motion before CRT-D implantation, but this movie also shows that the left ventricular systolic function of the patient before CRT-D implantation was nearly normal. Therefore, the indication for CRT-D implantation, which caused horrible consequences, is debatable. On the other hand, when the patient presented with fatigue and dyspnea before tricuspid valve surgery, the authors noted that there was normal left ventricular size and calculated an ejection fraction of 49%. With these findings, it seems that there was no need for CRT-D, and we think that ventricular lead extraction, which is a less invasive procedure, should be tried first and the patient should be followed with transthoracic and transesophageal echocardiography for possible valvular healing before the last option, the tricuspid valve surgery. Finally, this report reminded us of the importance of the first rule of medicine; primum non nocere (first do no harm), which could be achieved by the adherence to the current guidelines.3

Disclosures

None

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References

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Circulation. 2016;133:e411
doi: 10.1161/CIRCULATIONAHA.115.019282
Circulation is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
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