

Reply to Tourmousoglou

Matteo Pettinaria.*, Laurent De Kerchove^b, Jean-Louis Vanoverschelde^c and Gebrine El-Khoury^b

- ^a Cardiac Surgery Department, Ziekenhuis Oost Limburg, Genk, Belgium
- ^b Cardiac Surgery Department, Universitair Clinique St. Luc, Brussel, Belgium
- ^c Cardiology Department, Universitair Clinique St. Luc, Brussel, Belgium

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I thank Tourmousoglou [1] for his valuable comments on our article [2] and we agree about the doubts he has raised. The use of a tricuspid annulus of more than 40 mm in size has been previously introduced by the Dion group in Leiden [3] and by then, this was the only indication for prophylactic tricuspid annuloplasty and therefore was introduced in the recent guidelines. We believe that a deeper understanding of the anatomy of the tricuspid valve and its possible evolution with time after mitral valve surgery is necessary. The linear diameter is a measure that is affected by several possible biases-technical and anatomical. The annulus has quite an irregular shape and its evaluation can vary depending on the position of the transducer with respect to the valve. A 3-dimensional transthoracic or transoesophageal echocardiography is necessary and it should be mandatory to quantify annulus dilatation. Recently, Afilalo et al. [4] demonstrated that the balance between leaflet adaptation and annular dilation influences the development of functional tricuspid regurgitation in a patient with pulmonary hypertension. This ratio between leaflet and tricuspid area could play a major role because it can affect the coaptation reserve of the valve. Our group is working on a 3-dimensional echocardiography analysis to study the relationship of tricuspid valve annulus in patients who have undergone mitral valve surgery. In conclusion, we believe that tricuspid annulus dilatation is important and affects the fate of functional tricuspid regurgitation, but we are still searching for the right way to measure it. Most of the doubts over functional tricuspid regurgitation will be hopefully cleared by the CTSnet trial with important insights into this topic regarding indication and its clinical implication.

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*Corresponding author. Cardiac Surgery Department, Ziekenhuis Oost Limburg, Schiepse Bos 6, 3600 Genk, Belgium. Tel: +32-089-327073; e-mail: matteo.pettinari@zol.be (M. Pettinari).

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