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Wednesday, 9th July 2025

Dr David Farbenblum
Mosman Medical Centre
748 Military Road
MOSMAN NSW 2088

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Dear David,

RE: MRS JANICE A VAN DE VELDE DOB: 1/06/1936
1 EDGECLIFF ESPLANADE
SEAFORTH NSW 2092 MOB: 0413 301 088

I reviewed Mrs Van De Velde aged 89 years with her son on 9th July. I last saw her earlier this year when I admitted her for optimisation of heart failure from torrential secondary mitral regurgitation. As you know, her background is that of chronic atrial fibrillation and TAVI implantation in 2023. The chronic atrial fibrillation has left her with torrential secondary tricuspid regurgitation and moderate to severe secondary mitral regurgitation, that was documented in the transthoracic echocardiogram earlier in the year.

After approximately two weeks of intensive heart failure therapy in hospital, she was rendered euvolaemic. A repeat transoesophagel study demonstrated improvement in the tricuspid regurgitation although still severe. The mitral regurgitation was reduced to mild. Professor Ravinay Bhindi kindly helped with investigations for the potential TriClip procedure to repair the tricuspid valve. Invasive coronary angiography on 26th February this year showed normal arteries. Right heart catheterisation documented a pulmonary artery pressure of 55/19 with a wedge of 11 (mean). Pulmonary valve resistance was 4.9.

Since discharge, Mrs Van De Velde has been progressing reasonably well. Her main complaint is extreme tiredness in the afternoons. She wakes up feeling quite well. Her weight has been stable and the leg oedema has not deteriorated. She is not troubled by breathlessness.

She remains on the 1.2 litres of fluid restriction daily.

Her medications are Eliquis 2.5mg bd, frusemide 20mg daily, allopurinol 100mg daily, Minax ½ X 50mg bd, Lanoxin PG 1 tablet daily, Caltrate, Entresto 1 tablet bd (presumably the lowest strength), and Forxiga 10mg daily. She also has Prolia injections.

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She does not drink alcohol.

On examination, Mrs Van De Velde looked very good for her age and was comfortable at rest. Pulse was irregular at 71/min. Blood pressure was 120/70 mmHg. The jugular venous pressure was not seen with her sitting upright but was elevated at 45^0 with prominent V waves. I could not hear any murmurs. Her lungs were clear. There was mild bilateral lower leg oedema. I could not detect liver pulsatility. There was no definite ascites clinically. The ECG showed atrial fibrillation and left bundle branch block.

A progress transthoracic echocardiogram done earlier this morning showed normal left ventricular size and systolic function. The right ventricle was mildly dilated with preserved systolic function. The atria were markedly dilated. There was mild secondary mitral regurgitation and very severe secondary tricuspid regurgitation. There was systolic flow reversal in the hepatic veins reflecting the severity of the tricuspid regurgitation. The pulmonary artery systolic pressure was estimated at 55 mmHg (assuming right atrial pressure of 15 mmHg).

TO SUMMARISE

Mrs Van De Velde still has very severe tricuspid regurgitation on echocardiography. Although it is better than when she was first admitted to hospital earlier this year, it has deteriorated since discharge, which is not unexpected. She complains mainly of fatigue which is probably related to the tricuspid regurgitation and perhaps to some extent to her age. We now know that fatigue is a common troublesome symptom in patients with severe tricuspid regurgitation, and this is improved substantially when the tricuspid regurgitation is addressed appropriately.

I have discussed these issues with Mrs Van De Velde and her son. She is very keen to have the TriClip procedure if it can be made available to her. Based on the previous transoesophageal echocardiographic images, there is no contraindication from an imaging perspective.

There are major issues with supply of the TriClips, and I have explained to Mrs Van De Velde that this is a hurdle we need to tackle. In the meanwhile, I have asked her to continue with her current medications. I would be grateful if would kindly keep an eye on her electrolytes and creatinine. I note that in May of this year, the creatinine was 130 with eGFR of 32, relatively stable.

With kindest regards

Yours sincerely

Christopher Y P Choong

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