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| **Tricuspid Patient Summary** |  | |
| **Structural Physician: Dr Bhindi** | | |
| **Name:** Arnold Nas  7 Dr Lawson Place, Rooty Hill NSW 2766  02 9625-0662, 0412 036 125 | | **Referrer:** Dr Clyne Fernandes |
| **DOB:** 30/07/1947 | | **Allergies:** NKDA |
| **ME number:** ME 00 463006 | | **Antiplatelets/anticoagulation:**  Pradaxa Capsule (Dabigatran etexilate) |
| **Age:** 77  **Weight:** 88kg  **Height:** 188cm | | **Current Symptoms:**  Increased shortness of breath  Exercise tolerance reduced 100meters  Takes inclines slowly with regular breaks  Fluctuating fatigue  Nil Dizziness, Orthopnoea or PND. |
| **Past Medical History** | | **Social:** |
| * Severe Atrial functional TR, with regurgitant jet close to the septum. * AF * Sleep apnoea - CPAP * HFpEF * BPH * Family History:   + CVAs – Mother & Father in 70s,   + Brother HBP   + Father 70s and brother 58 - Prostate Ca | | * Retired Aircraft Engineer * Lives with wife who has dementia, Arnold is her carer * 4 children, 1 daughter lives nearby. * Independent of all ADL’s * Nil stairs at home |
| **Current Medical Heart Failure Therapy** | | |
| |  |  |  | | --- | --- | --- | | **Drug Type** | **Drug Name** | **Dosage** | | Beta Blocker |  |  | | ACE/ARB/ARNI | Entresto | 24/26mg OD nocte | | MRA |  |  | | SGLT2 |  |  | | Diuretics |  |  | |  |  |  | | | |
| **Baseline blood**s | | |
| Date: 28/03/2025 Hb: 154 Plat: 249 INR: n/a Creat: 90 eGFR: 72 | | |
| **ECG** | | |
| Rhythm: AF RBBB | | |
| **Right Heart Catheter** | | |
| |  |  | | --- | --- | | PASP 44/20 (29) | PCWP 19/20 (19) | | Angiogram - LAD - 40% stenosis otherwise only minor irregularities. | | | | |
| **CT** | | |
| **4D CT CARDIAC 09/05/2025**  Multiphase acquisition for interventional planning. Right atrial enlargement and reflux of contrast into the hepatic veins may indicate right heart dysfunction. Slightly nodular contour to the liver, raising the possibility of early hepatic fibrosis. This could be further assessed with ultrasound. | | |
| **TOE Dr Choong** | | |
| **Mechanism of TR:**  Atrial functional   |  |  | | --- | --- | | LV EF: 60% | RV function: | | TAPSE: | ePASP: | | Afterload mismatch (TAPSE/PASP): |  | | Imaging comments: Atrial fibrillation with heart rate 62bpm. Suboptimal mid-esophageal views, poor low-esophageal views and poor gastric views despite posturing the patient to the left. Normal left ventricular size. Moderate paradoxical septal motion. Normal ejection fraction. Markedly dilated right ventricle with moderate hypokinesis. Marked left atrial dilatation. Dense spontaneous echo contrast without thrombus. Massive right atrial dilatation. Aortic sclerosis without obstruction. Trivial aortic regurgitation. Mild secondary mitral regurgitation.  Trileaflet tricuspid valve (Type I). Moderate to severe secondary tricuspid regurgitation arising between the septal and posterior leaflets as a single jet. Satisfactory mid-esophageal clipping views at the site of the jet but poor septal leaflet delineation if clipping is required between the septal and anterior leaflets for an annuloplasty approach.  GLIDE score 2 (jet location and image quality).  TEER will be difficult if septal-anterior clipping is required. 3D enface views obtained from the mid-esophageal window, not optimal but probably acceptable. If TEER is indicated, a single clip between a septal and posterior leaflets should suffice. Pulmonary artery pressure to TAPSE ratio not at hand. | | |  | | | | |
| **TOE review for TriClip suitability.** | | |
| Normal left ventricular size and systolic function.  Dilated right ventricle with preserved systolic function  Dilated LA/RA  Mild MR  Tricuspid valve anatomy possibly Type B.  Severe Tricuspid regurgitation originating central S-A, S-P  Glide score 1-2  Conclusion. Tricuspid valve anatomy suitable for TriClip.  - No Trans gastric views noted. MPR provides adequate alternative. | | |
| **Procedure Plan** | | |
| GLIDE score 2  Plan for TV Repair  Difficulty of Procedure: **ORANGE**  Feasibility meeting 24/6/25:   * Difficult gastric views * Single clip should suffice * Good views – anterior & septal views   + appears long enough * Posterior septal less easy than anterior septal | | |
| **Cardiothoracic review** | | |
| **Dr Mathur:** low risk for surgery. Pt’s preference is for TriClip. If Triclip not possible happy to offer surgery. AW TOE results. | | |
| **Notes** | | |
| Pt recently reports to not have preference but wishes to be told best option. | | |