



## Letter to the Editor

**The tricuspid annulus in repaired tetralogy of Fallot – what does it play and what does it not?**

## ARTICLE INFO

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I am reading the paper of Offen et al., in which prevalence and determinants of tricuspid regurgitation (TR) after repair of tetralogy of Fallot (rTOF) were investigated [1]. In this study, despite substantial right ventricular (RV) dilation, no or mild TR could be detected in the majority (78%) of rTOF patients. Moreover, poor correlation was found between indexed RV end-diastolic volume, right atrial (RA) volumes, tricuspid annular (TA) dilation and the presence of significant TR. When mean TR fraction was compared between individuals following different surgical repair methods, no differences were found. Although the manuscript is well written and the discussion is clear, it needs some revision. In a recent study, although TA was found to be dilated with reduced function, 83% of adult patients with rTOF showed only grade 1–2 TR late after correction [2]. Detailed analysis confirmed that TA dilation was related to RA volumes. Moreover, rTOF patients showed similar TA dimensions and TA functional properties regardless early total reconstruction or early palliation and late correction were performed without significant differences between grade 1–2 TR (92% vs. 75%,  $p = ns$ ). These findings are partly in agreement with results presented by Offen et al. supporting it and can serve as clinical complements. However, further studies are warranted to confirm these findings

in a larger patient cohort.

**References**

- [1] S. Offen, R. Puranik, D. Baker, R. Cordina, R. Chard, D.S. Celermajer, Prevalence and determinants of tricuspid regurgitation after repair of tetralogy of Fallot, *Int. J. Cardiol.* 372 (2023) 55–59, <https://doi.org/10.1016/j.ijcard.2022.11.039>.
- [2] A. Nemes, G. Rác, Á. Kormányos, N. Ambrus, K. Havasi, Tricuspid annular abnormalities following different surgical strategies in adults with corrected tetralogy of Fallot (results from the CSONGRAD Registry and MAGYAR-Path Study), *Cardiovasc. Diagn. Ther.* 11 (2021) 1276–1283.

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