operative natremia was lower and uremia (20±11 vs. 9±4mmol/L, P=0.0001), creatinin and biliburin were greater in death than survival patients, while no difference was observed for TAPSE, RVFAC, EuroSCORE-II and the severity of TR. Finally, multivariate analysis showed that only uremia (P=0.01) was associated with post-operative mortality.

**Conclusions** In patients referred for TR correction, uremia that probably reflects RV congestion appears superior to RV parameters by echocardiography to identify postoperative mortality.

The author hereby declares no conflict of interest

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The gender influence on the characteristics of mitral stenosis: a retrospective study

Sanae Benhaourech, Kaoutar Kharbouche, Jihane Hassari, Rachida Habbal

CHU Ibn Rochd, Casablanca, Maroc

*Corresponding author: alkaoutar11@hotmail.com (Kaoutar Kharbouche)

**Introduction** The mitral stenosis (MS) is the most frequent valvular disease in developing countries, it is most often due to rheumatic fever. It mainly affects the young woman. The aim of our study was to compare the characteristics of the MS by gender.

**Materials and Methods** This is a descriptive and analytical retrospective study, conducted at University Hospital cardiology department Casablanca, from January to June 2014, which included 45 patients with a severe MS. We compared 2 groups: Group I (men), Group II (women). The study analysis was made by SPSS Version 20 software.

**Results** We compiled two groups: 13 men 28.9% (group I) and 32 women 71.1% (group II).

The comparison of clinical data (history of rheumatic fever, throat repetition, stage dyspnea, palpitations) revealed no significant difference, by against there is a higher incidence of electrical hypertrophy left atrial in group I (p<0.001).

Regarding echocardiographic data, in men, the left atrium was more dilated (p: 0.049), mitral surface was tighter (p: 0.024) and the dilatation of right ventricular was more common (54% vs 28% with p: 0.036). There was no significant difference in the mean gradient, calcifications and the therapeutic indication.

**Conclusion** Our study suggested that the MS in men, is tighter with more impact on the size of the left atrium as well as that of right ventricle, without valvular anatomical difference and therefore no influence on the therapeutic indications.

The author hereby declares no conflict of interest

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Predictors of functional tricuspid regurgitation after successful left-sided valve surgery

Leila Bazdah, Emna Allouche, Wejdène Ouechtati, Nadia Hammami, Mohamed Gzara, Hédi Baccar

Hôpital Charles Nicolle, Tunis, Tunisie

*Corresponding author: leilabezdah@hotmail.fr (Leila Bazdah)

**Introduction** Tricuspid regurgitation (TR) is probably the most common and anticipated complication of left-sided heart valve pathology, especially MV disease. Whether preoperative functional TR will regress or progress after successful left-sided valve surgery is unknown. The aim of this study was to identify the predictors of significant TR after successful left-sided valve surgery.

**Methods** A retrospective analysis was performed on a total of 56 patients who underwent left-sided valve surgery (mitral or mitro-aortic valve surgery). We have excluded patients who had organic TR. All patients had complete clinical examination and echocardiographic studies preoperatively and clinical and echocardiographic follow-up postoperatively.

**Results** Mean operative age of patients was 49.3±13.7 years with a sex-ratio of 0.8. Tricuspid annuloplasty was associated to left-sided valve surgery in 18 (32%) patients. Postoperatively, significant TR was found in 13 patients (23%) with a mean follow-up of 20.5±33 months. Patients with significant postoperative TR were more often female (83% vs 48%, p=0.03), had more often a previous mitral commissurotomy (58% vs 23%, p=0.02) and showed a higher prevalence of significant preoperative TR (69% vs 42%, p=0.04). Postoperatively, residual pulmonary hypertension (p=0.04), dilatation of left atrium (p=0.02) and dilatation of right cardiac cavities (p=0.01) were significant risk factors for development or progression of TR after surgery.

**Conclusion** Late onset or progression of functional TR after successful left-sided valve surgery is a significant clinical entity as it displays a great impact on patient prognosis. So, the identification of clinical and echocardiographic predictors of late TR allows an adequate screening of patients that will require tricuspid valve repair at the time of initial left-sided valve surgery.

The author hereby declares no conflict of interest