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TRICUSPID REGURGITATION PREVALENCE AMONG ELDERLY PATIENTS WITH LEFT HEART VALVE DISEASE

Poster Contributions Poster Hall B1 Saturday, March 14, 2015, 3:45 p.m.-4:30 p.m.

Session Title: Tricuspid Regurgitation and Endocarditis Abstract Category: 40. Valvular Heart Disease: Clinical Presentation Number: 1158-356

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Background: Tricuspid Regurgitation (TR) in the setting of left sided valve disease (LVD) is aggressively treated since TR is an independent and potent mortality risk in this population. Although transcatheter aortic valve therapy is becoming common in elderly populations, percutaneous devices for TR are not yet available. As these devices are developed the prevalence of TR concomitant with LVD among elderly patients is important, but to date is unknown.

Methods and Results: We evaluated 341 patients with moderate or severe LVD. An elderly group was defined as >75 years old. These patients were divided into two groups, (Non-elderly: n=155 and elderly: n=186). In the Non-elderly group, LVD was found as follows: Aortic stenosis (AS) 31 cases (20%), aortic regurgitation (AR) 13 cases (8.4%), Mitral stenosis (MS) 15 cases (9.7%) and Mitral regurgitation 108 cases (69.7%). In the elderly group, prevalences were AS 71 cases (38.2%), AR 16 cases (8.6%), MS 14 cases (7.5%) and MR 111 cases (59.7%). Pulmonary hypertension (PH) occurred in 8 and 9 cases among non-elderly group and elderly groups respectively. Ejection fraction (EF) among the two groups was 56.9% and 60.4% respectively. The prevalence of PH and EF were not different between two groups. Tricuspid regurgitation prevalence among the non-elderly and elderly was 46 (29.7%) and 78 (41.9%) respectively (P=0.02). The frequency of TR in elderly group was significantly higher than in non-elderly group.

Conclusion: The prevalence of TR in elderly patients with LVD is significantly higher than in non-elderly patients. These results suggested a rising application for transcatheter TR treatment in patient undergoing catheter based LVD.