

# TricValve<sup>®</sup> Case performed in Spain

## *Ramón y Cajal University Hospital*

**TRICVALVE<sup>®</sup>**  
TRANSCATHETER BICAVAL VALVES

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**CASE REPORT** >>>



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A 69-year-old male patient with symptoms of heart failure who developed tricuspid regurgitation was admitted after several episodes of decompensation. The patient was receiving medication for atrial fibrillation controlled with NOAC, in addition to high doses of diuretics.

On clinical evaluation, the patient showed normal RV function and LVEF 35% with elevated pressure in the RA and systemic venous system due to heart failure, although renal and liver function was preserved. The patient was rejected for surgical valve repair due to the high mortality risk as he underwent a CABG and aortic and mitral surgical valve replacement previously. Therefore, Dr. Samargandy's choice was to implant a TricValve (sizes 29-31 indicated for SVC and IVC respectively).

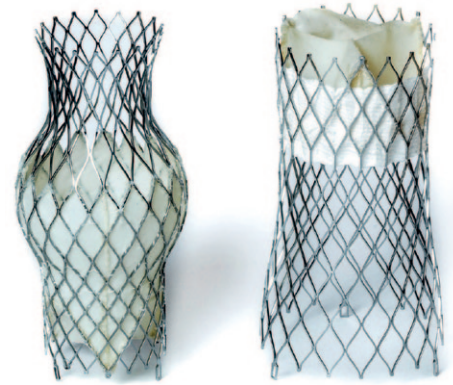
The procedure was guided by fluoroscopy TEE under general anesthesia and both self-expanding valves were successfully implanted. Angiography results showed perfect positioning of valve in SVS



and IVC protruding 1cm in RA. Post procedure pullback from the RA to the IVC showed a significant reduction of V-wave pressure, corresponding to the cessation of regurgitation to the IVC and hepatic veins. Echocardiogram showed almost no back flow in the hepatics.

The Patient was discharged a few days later with no complications and is recovering at home.

**This was a successful case showing the indication of TricValve as the most appropriate, effective and safe treatment for patients at high risk of mortality according to Tri score, as well as a promising option for the treatment of heart failure and symptoms of tricuspid regurgitation.**



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