The authors agree with Myers et al. [1] that biodegradable materials represent a useful alternative in the management of tricuspid valve endocarditis repair. Our statement of dividing tricuspid valve repair choices in prosthetic and non-prosthetic techniques adequately sets the main cornerstones of surgical therapy: first, minimizing, as much as possible, the resulting valve regurgitation following repair and second, equally avoiding the use of any prosthetic material [2]. This is particularly important for injecting drug users who bear a high possibility of re-infection in the future. In this context, biodegradable ring annuloplasty of tricuspid valve could be included in non-prosthetic repair techniques, since after a few months not only would it be degraded, but also the subsequent development of a permanent network of fibrous connective tissue will have restored the normal valve function. Unfortunately, our experience with biodegradable ring annuloplasty or matrix scaffolds such as CorMatrix© is poor. On the contrary, others have noted both preliminary and mid-term successful results using biogradable materials [3] even though, their high cost is not to be dismissed, in the current era of stringent budget. On the other hand, in our and most of the surgeons’ opinion, autologous pericardium represents the primary option in the repair of any endocardial defect (congenital/acquired heart disease). Major advantages include its low cost, easy-to-use, perfect incorporation within native structures, uncommon colonization by bacteria, rapid endothelization and high endurance even against high pressures of systemic circulation (left ventricle, aorta, etc.) [4]. Besides, patches of fresh autologous pericardium have been used with excellent short- and long-term results, in repairing mitral regurgitation due to annular dilatation, following posterior mitral annuloplasty [5]. Most importantly, the same material appears to be fundamental in the repair of tricuspid valve disease, particularly among patients with a high risk of long-term prosthetic valve endocarditis [6].

REFERENCES