ICVTS on-line discussion A

Title: Anticoagulation in biologic valves in tricuspid position
Authors: Domingo Braile, Rio Preto State Medical School/LV J.K. 1505 São José do Rio Preto/15091-450/Brazil; Valeria Braile, Joao Carlos Leal doi:10.1510/icvts.2007.159277A

eComment: I congratulate the authors for the effort in developing this very important meta-analysis [1]. It has always been a challenge to make the choice of a prosthesis when operating patients with tricuspid valve diseases. In our experience, considering the difficulty in maintaining the patients in correct anticoagulation, we use in all cases biologic valves (pericardial valves) without anticoagulation. Our results are similar to the ones presented in the papers presented in the article. I don’t know the reason to anticoagulate the patients with Biologic Valves in the tricuspid, mitral or aortic position, except if they have atrial fibrillation. Can the author explain the reason for that behavior?

ICVTS on-line discussion B

Title: Which prosthesis in tricuspid position?
Author: Domenico Scalia, via L.Configliachi 2, 35122 Padova, Italy doi:10.1510/icvts.2007.159277B

eComment: First of all, I would like to congratulate the authors for their research [1]. In my opinion the choice for tricuspid replacement, after a methodical attempt of valve repairing, is dependent on the prosthesis used in the left side of the heart. In the exceptional cases of isolated tricuspid valve malfunction which needs valve replacement the choice is dependent, as usual, on the age, heart dimension, risk bleeding, and reliable aptitude to anticoagulation. Finally, with regard to patients treated with anticoagulants by some cardiologists even if they have bioprosthetic tricuspid valve, I guess that, more than atrial fibrillation, the reduced blood pressure on the right side of the heart and the dilated right ventricle can be the reason to justify long term anticoagulation.

Reference