

عنوان مقاله:

Tricuspid annular plane systolic excursion is correlated with poor outcome in surgery for rheumatic heart valvular disease

محل انتشار:

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نویسندگان:

Imran Khan - Senior Registrar, Department of Cardiac Surgery, Punjab Institute of Cardiology, Lahore, Pakistan

Ahmad Shahbaz - Associate Professor, Department of Cardiac Surgery, Punjab Institute of Cardiology, Lahore, Pakistan

Madeeha Iqbal - Senior Biostatistician, Department of Continuing Medical Education, Punjab Institute of Cardiology, Lahore, Pakistan

Abdul Khan - Medical Officer, Combined Military Hospital, Lahore, Pakistan

Waseem Riaz - Assistant Professor, Department of Cardiac Surgery, Punjab Institute of Cardiology, Lahore, Pakistan

Muhammad Sayyed - Medical Officer, Combined Military Hospital, Lahore, Pakistan

Kamran Khan - Senior Resident, Department of Cardiac Surgery, Punjab Institute of Cardiology, Lahore, Pakistan

خلاصه مقاله:

BACKGROUND: Right ventricular (RV) function is a major determinant of clinical outcome, but its function indices have not been studied well in surgery for rheumatic valvular heart disease. The aim of this study was to determine the correlation of tricuspid annular plane systolic excursion (TAPSE) with outcome of rheumatic heart valve surgery. **METHODS:** A prospective comparative study was conducted including 100 eligible patients who were divided into two groups based on RV function as assessed by TAPSE measured by two-dimensional (2D) echocardiography preoperatively. Those with TAPSE less than 15 mm were included in group 1 and those with TAPSE of 15 or more were included in group 2. **RESULTS:** 50 patients were included in group 1 and 50 patients in group 2. Mean age of the patients was 56.78 ± 15.21 years in group 1 and 54.46 ± 15.03 years in group 2 ($P = 0.444$). 34 (34%) patients underwent aortic valve replacement (AVR), 35 (35%) underwent both aortic and mitral valves replacement, and 31 (31%) ones had mitral valve replacement (MVR). A significant difference was found between the duration of ventilation (5.15 ± 2.80 hours in group 1 vs. 3.72 ± 2.71 hours in group 2, $P = 0.001$), postoperative inotropic requirement [more than 24 hours in 18 (36%) patients in group 1 vs. 7 (14%) patients in group 2, $P = 0.003$], total intensive care unit (ICU) stay (8.92 ± 3.62 days in group 1 vs. 5.20 ± 2.06 days in group 2, $P = 0.001$), and mortality [7 (14%) in group 1 vs. 2 (4%) in group 2, $P = 0.038$]. **CONCLUSION:** TAPSE less than 15 mm in patients undergoing surgical correction for rheumatic valvular heart disease leads to poor outcomes. These patients need special attention perioperatively.

کلمات کلیدی:

Rheumatic Heart Diseases, Right Ventricle, Cardiac Surgery

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