Is congenital tricuspid insufficiency (CTI) as rare as it seems to be?
Andrew C. Chatzis, Nicolas M. Giannopoulos and George E. Sarris
DOI: 10.1016/j.ejcts.2004.12.038

This information is current as of January 13, 2010

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://ejcts.ctsnetjournals.org/cgi/content/full/27/4/728-a
Reply to the Letter to the Editor

Reply to von Heymann et al.

Maher N. Shuhaibar*
Cork University Hospital, Cork, Ireland

Received 10 January 2005; accepted 12 January 2005

Keywords: Heparin; ACT; Cardiopulmonary bypass; Blood loss; Activation; Coagulation

I would like to thank Dr von Heymann [1] and colleagues for this interesting interaction.

Let me start by confirming to Dr von Heymann the following

1. Pre operative coagulation assessment were done and patients on anticoagulation or abnormal results were excluded from the study.
2. We did take into consideration Gibbs [2] paper. This is one of the reasons why we continue with aspirin till the day of the operation in all patients. Gibbs paper confirms the universal inhibition of platelet function by aspirin. And since Aspirin inhibition to platelet function is irreversible, the individual variability in platelet function reflects the rate of regaining function by producing new platelets.
3. The other aim of inhibiting platelet is to cancel out their contribution to the activation of neutrophils and hence a beneficial effect on the inflammatory response.
4. There is no strong evidence [3] today to suggest that a decrease in anti thrombin III levels will translate into a decrease in soluble Fibrin level which is the end point of the clotting cascade and have the real effect in haemostasis.
5. The results from Despotis [4] paper can not be compared with ours, his population is smaller and different (re-operations vs. primary CABG).

All in all this is a large study which we set out to exclude most of the confounding variables rather than trying to give plausible explanations. Activated Clotting Time measurement is still in use by the majority despite its critics. The clotting cascade remains a complex multi-factorial system that we have yet to elucidate comprehensively. ACT is a simple test and a good indicator of the haemostatic system. We proved that we can achieve the same target ACT. We tried to say was simple, can we use less heparin to achieve the same target ACT. We proved that we can. Whether our observation, of less post operative blood loss, is only due to less heparin. That has to be teased out further.

References


*Address: Department of Cardiac Surgery, St. James’s Hospital, Dublin 8, Ireland. Tel.: +353 87 2244262; fax: +353 1 2130971. E-mail address: msampca@msn.com
doi:10.1016/j.ejcts.2005.01.021

Letter to the Editor

Is congenital tricuspid insufficiency (CTI) as rare as it seems to be?

Andrew C. Chatzis*, Nicolas M. Giannopoulos, George E. Sarris
Department of Paediatric and Congenital Cardiac Surgery, Onassis Cardiac Surgery Center, Athens, Greece

Received 25 November 2004; accepted 23 December 2004; Available online 1 February 2005

Keywords: Congenital; Tricuspid insufficiency; Absent pericardium

We read with interest the report of severe tricuspid insufficiency in a case of partial absence of the left pericardium presented by Goetz et al. [1]. We have recently reported a rare similar case of a 37-year-old male yet with absence of the right pericardium [2]. In spite the fact that right pericardial defects do not affect cardiac position in any way, our patient had severe tricuspid regurgitation which we felt was congenital tricuspid insufficiency (CTI) due not only to significant annular dilatation (a chief feature of CTI), but also to dysplastic, deficient leaflet tissue [3-5].

In the case reported by Goetz et al. [1], the leaflets appeared normal and disruption of the valve was attributed to heart displacement and stretching alone. However, we believe that one should also consider the contribution of a congenital element to the dilatation of the tricuspid annulus, unrelated to cardiac displacement.

References

Reply to the Letter to the Editor

Reply to Chatzis et al.

Wolfgang A. Goetz\textsuperscript{a,\ast}, Andreas Liebold\textsuperscript{b}, Dietrich E. Birnbaum\textsuperscript{a}

\textsuperscript{a}Department of Cardiothoracic Surgery, University Hospital, Regensburg, Germany
\textsuperscript{b}Department of Cardiothoracic Surgery, University of Rostock, Germany

Received 22 December 2004; accepted 23 December 2004; Available online 1 February 2005

Keywords: Absent pericardium; Congenital; Tricuspid Insufficiency

Thank you for your Letter to the Editor \cite{1} regarding our report 'Tricuspid valve repair in a case with congenital absence of left thoracic pericardium'. We appreciate your comments and agree that congenital elements in partial and complete absence of pericardium must be considered. Associated anomalies including mitral stenosis, atrial septal defect, patent ductus arteriosus and tetralogy of Fallot can be found in about 30\% of the cases reported with congenital defects, patent ductus arteriosus and tetralogy of Fallot can be associated. In addition we have to be aware that the risk for valvular endocarditis is increased within groups. This is properly selected for comparison of different groups mentioned in the Methods Section (2.6), this report contains statistical analysis of serial measurements in time within groups.

Although there is only one statistical test 'Mann-Whitney U' that is performed in most patients without major complication.
Is congenital tricuspid insufficiency (CTI) as rare as it seems to be?
Andrew C. Chatzis, Nicolas M. Giannopoulos and George E. Sarris

DOI: 10.1016/j.ejcts.2004.12.038

This information is current as of January 13, 2010