



Tricvalve for severe symptomatic TR secondary to PPM complications

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- 88yrs old male
- Suffered from symptomatic severe TR Post CIED lead retraction
- Echocardiogram showed large coaptation gap 1.1-1.4cm with preserved RV systolic function
- Decided for Tricvalve implantation (Heterotopic bi-caval valve implantation) under LA session
- Post procedure with symptoms improvement, lowering NT-PRO BNP level and dosage reduction in diuretics
- Case showing an option for TR patients with large leaflet coaptation gap