

# Tricuspid Regurgitation

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Tricuspid regurgitation (TR) is a relatively common finding on echocardiography. Since tricuspid regurgitation is commonly asymptomatic and may not be detected on physical examination, it is often diagnosed solely by echocardiography. A mild degree of TR is present in approximately 70 percent of normal adults and even abnormal degrees of TR are largely functional and much less due to primary disorders of the valve apparatus. Recently, since aging of population, the incidence of TR related with long standing atrial fibrillation and pacemaker-related TR have been increased. In addition, a lot of disorders that induce pulmonary hypertension and secondary right ventricular dilatation might induce clinically significant TR. The following are the condition that can cause significant TR. In this lecture, we will overview the various pathologic status of TR with instructive cases. A three-dimensional echocardiography provides useful information for the proper differential diagnosis of TR etiologies.

- Left-sided heart failure
- Mitral stenosis or regurgitation
- Primary pulmonary disease- pulmonary embolism, pulmonary hypertension of any cause
- Left to right shunt- atrial septal defect, anomalous pulmonary venous return
- Stenosis or regurgitation of the pulmonary valve
- Hyperthyroidism
- Right ventricular disease causing functional TR: ARVC, RV infarction
- Atrial fibrillation
- Pacemaker leads impingement
- Tricuspid valve prolapse
- Chest trauma
- Infective endocarditis
- Ebstein's anomaly
- Constrictive pericarditis