Ebstein's and Tricuspid Valve Dysplasia

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Assistant Professor UMKC and KU









Disclosure

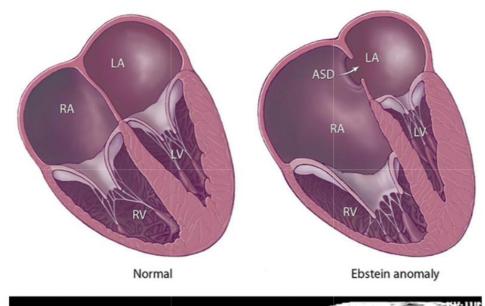
• I have no relevant disclosures

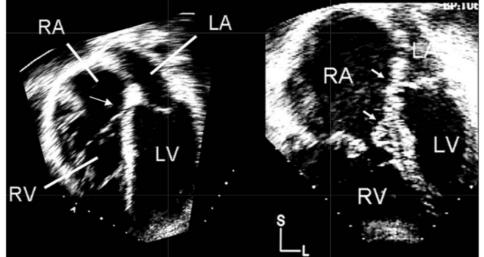


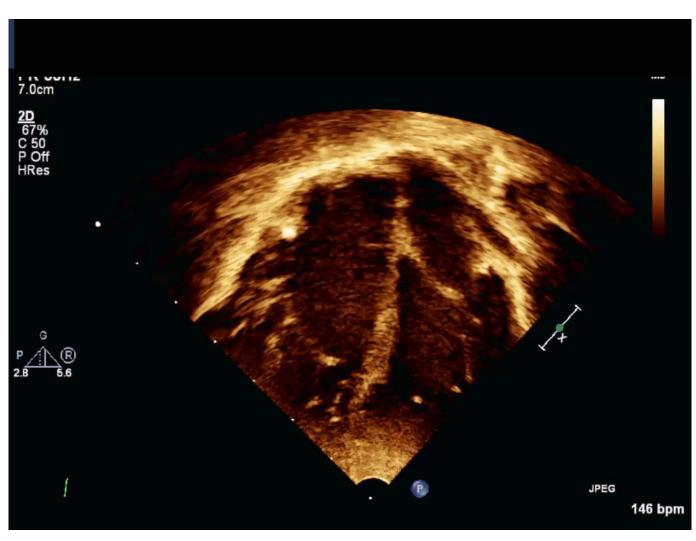
Objectives

- Anatomy
- Physiology
- Imaging Considerations
- Management
 - Pre/Post natal
- Surgical Implications
- Outcomes









Ebstein's vs Tricuspid Valve Dysplasia

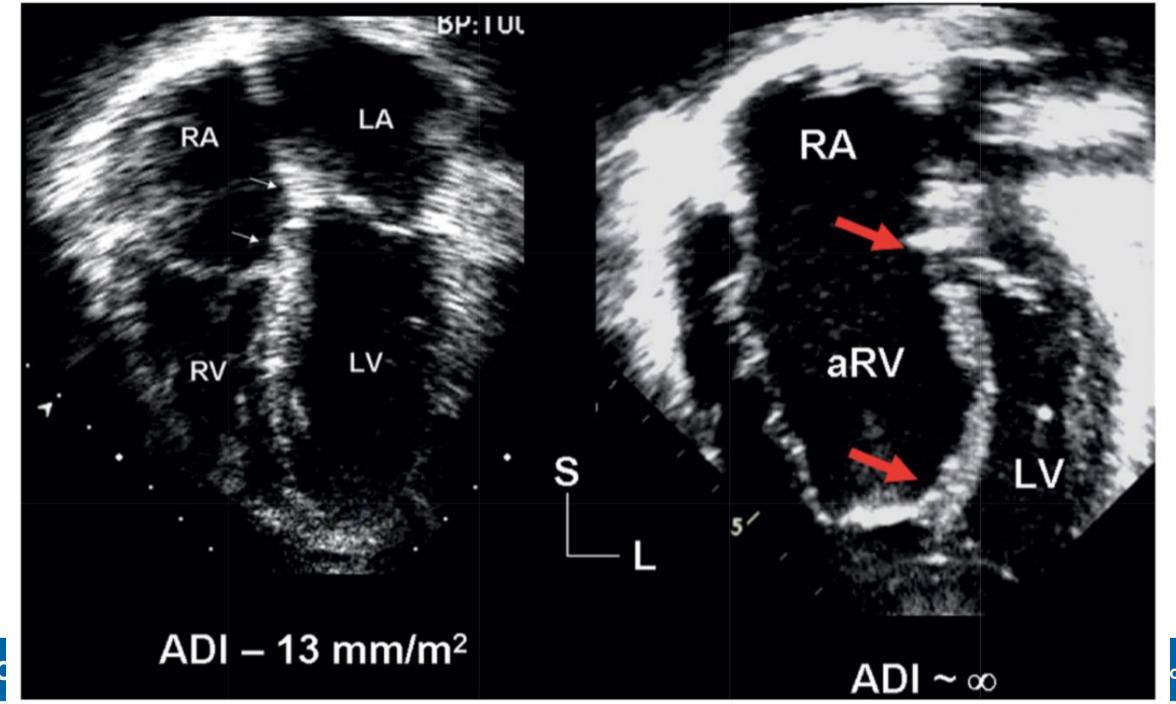
Ebstein's Anomaly

- Inferior/apical displacement of tricuspid valve septal leaflet
 - Incomplete delamination of tricuspid valve leaflets
 - > 8 mm/m^2
- Atrialization of the of the right ventricle
- Malformed leaflets

Tricuspid Valve Dysplasia

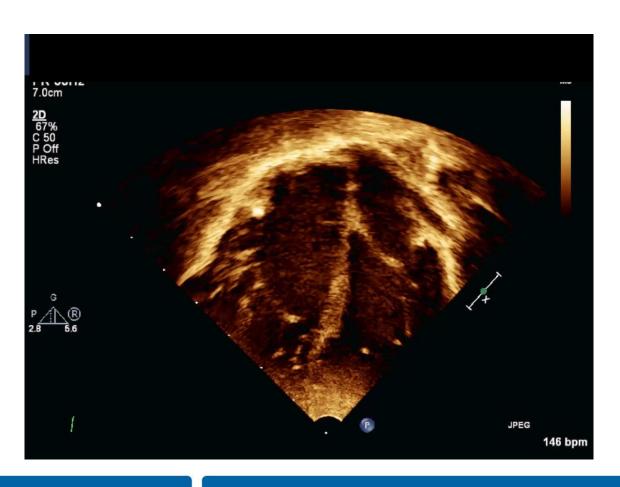
- Tricuspid valve attachments are not displaced but with thickened leaflets
- No atrialization
- Malformed leaflets





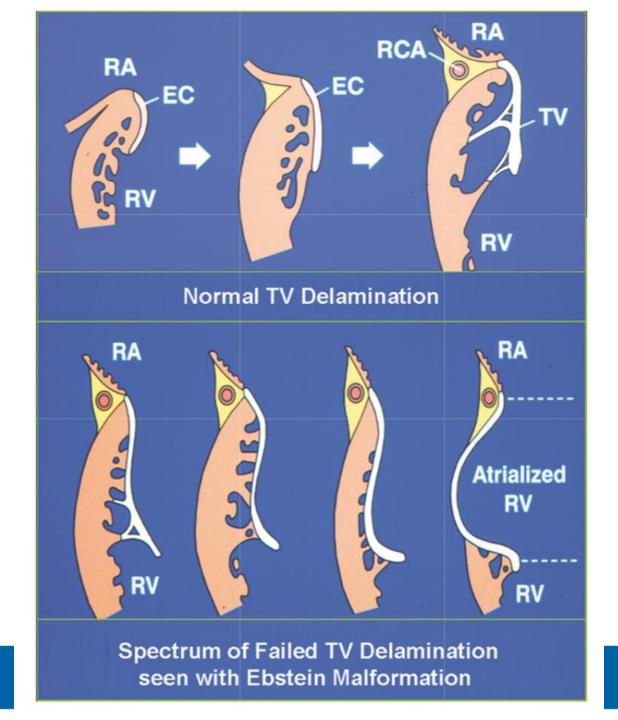
Ebstein's

Tricuspid Valve Dysplasia

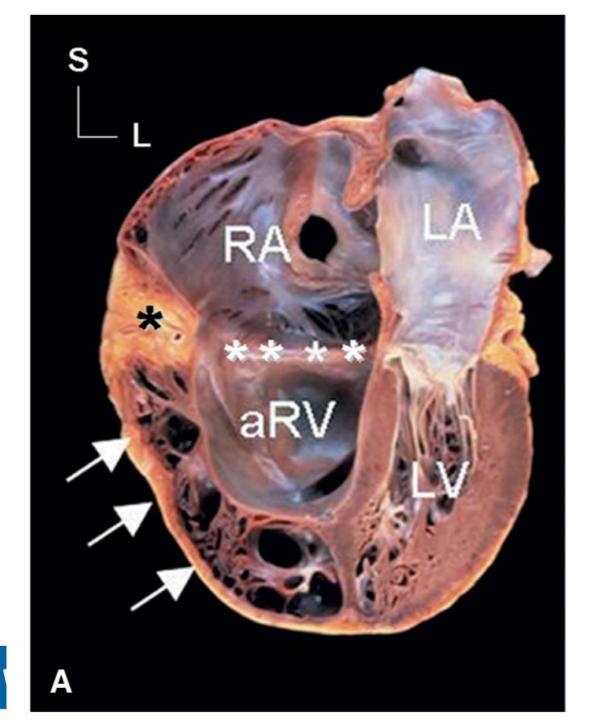


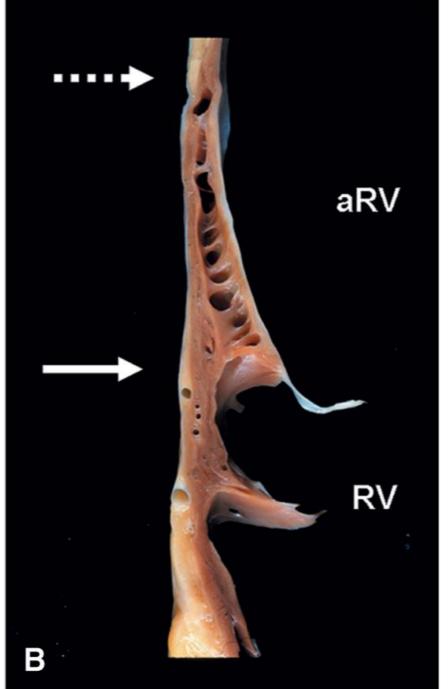


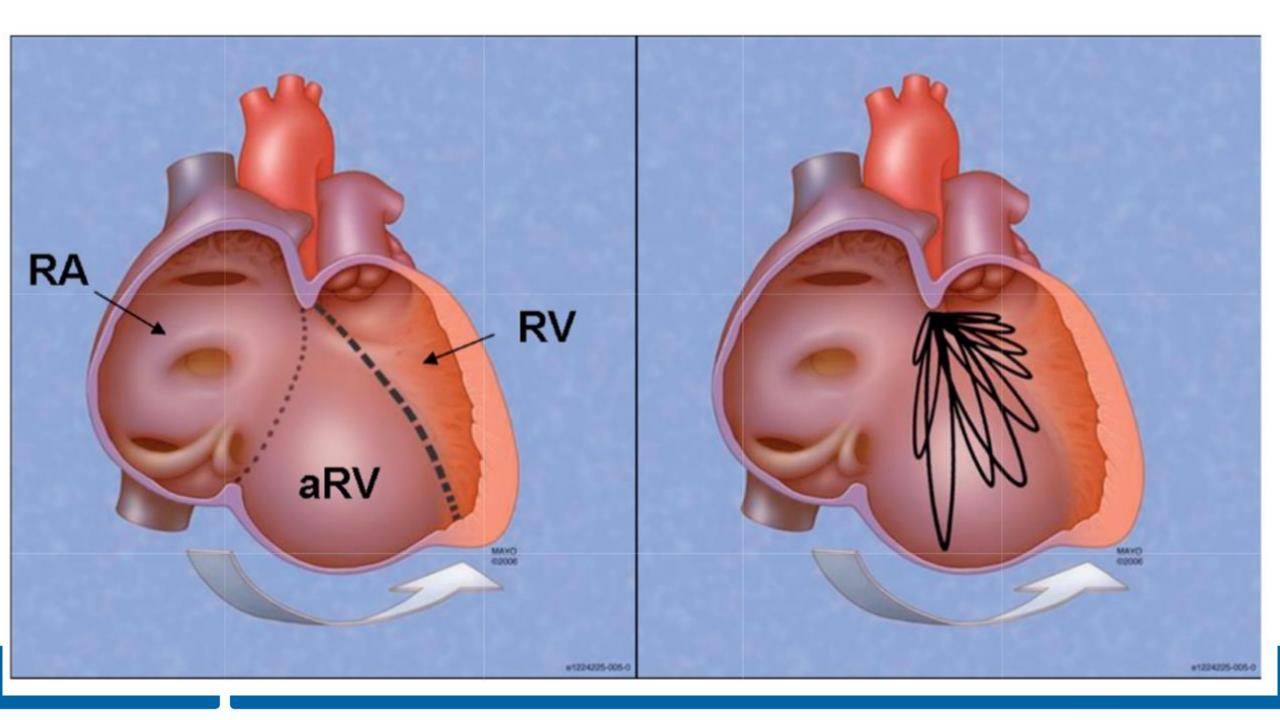












Physiology

Mild forms can be a

 Severe tricuspid reg hydrops, fetal demis

• Severe tricuspid re(Heart Area 27.6 cm² Heart Area 20.65 cm² Thorax Circ atresia and lung hy particularly poor pro * Heart Circ Circ

• Cardiothoracic area HrtC/ThrC 0.9 CT Area Ratio 0.748 absent pulmonary valve flow, retrograde PDA shunt, RV:LV >1.5 and Celermajer index >1.5 associated with poor prognosis

16.50 cm



Imaging considerations

- Effusions/Hydrops?
- Degree/Severity of tricuspid regurgitation?
- Right atrial and ventricular size and function?
- Pulmonary valve patency?
 - Atresia, insufficiency, antegrade flow
- Ductal shunt
- Pulmonary arteries
- LVOT obstruction
- LV function

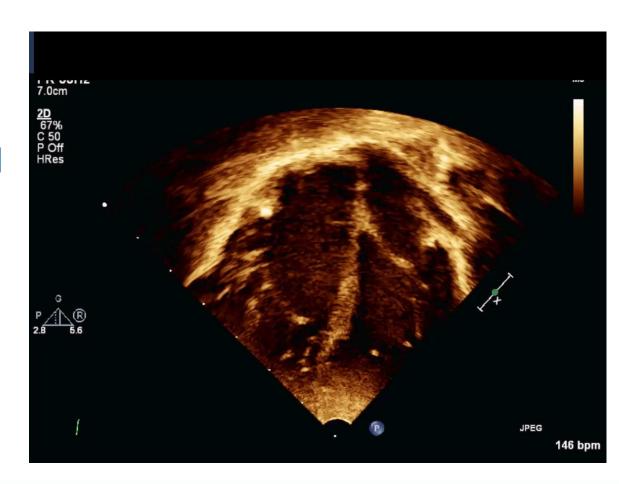


Table 2 Prognostic (SAS) score

	Weighting				
Variable	0	1		2	
Cardiothoracic ratio	< 0.65	0.65-0.7	5	>0.75	
Celermajer index	<1.0	1.0-1.5		>1.5	
Pulmonary valve flow	Normal	Reduced		Absent	
Duct flow	Anterograd	le Both		Retrograde	
Right–left ventricular Ratio	<1.5	1.5–2.0		>2.0	
Pulmonary–aortic valve ratio	1.047 ± 0.192	1.074 ± 0.300	0.81		
Patent foramen ovale-					
Atrial septal length ratio	0.604 ± 0.141	0.581 ± 0.172	0.74		
Celermajer index	1.689 ± 0.513	0.776 ± 0.324	< 0.001		
Functional tricuspid valve opening—					
Annulus ratio	0.665 ± 0.113	0.607 ± 0.189	0.06		
Left ventricluar output (z score)	-0.611 ± 1.908	0.438 ± 1.457	0.15		
Tricuspid regurgitant jet (severe)	13	2	< 0.001)	
Ductal flow (retrograde)	10	1	0.003		
Pulmonary flow (reduced or absent)	12	4	0.02	J	

Comparison of continuous variables was via the t test with unequal variances assumed, categorical variables via Fisher's exact test (with continuity correction). Numbers represent mean \pm SD for continuous variables.

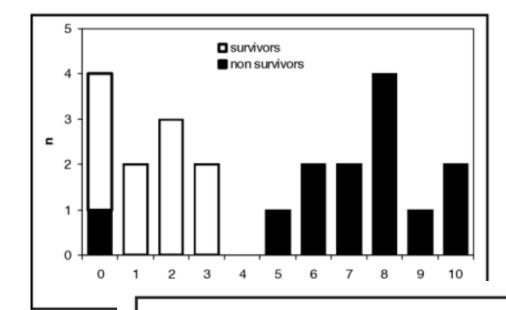


Figure 2. Relation outcome.

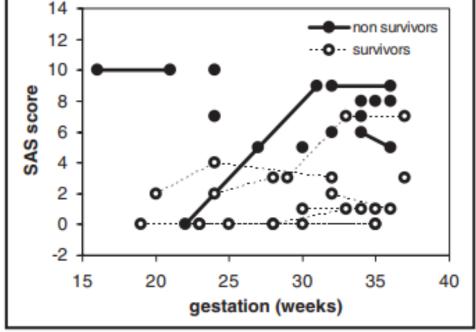


Figure 3. Evolution of the SAS score with gestation.

Improving Outcomes in Fetuses and Neonates With Co Ebstein's malformation or TV dysplasia (Ebstein's Malformation) or Dysplasia of the Ti

Table 1 Predictors of survival and live birth among 33 fetuses with Ebstein's malformation or TV dysplasia

Variable	Deaths $(n = 26)$ *	Survivors $(n = 7)$	p Value	Not Born Live $(n = 17)$	Born Live $(n = 16)$	p Value
Demographic variables						
Gestational age at diagnosis (wks)	24 ± 7	25 ± 7	0.67	20 ± 4	29 ± 6	< 0.001
Maternal age at diagnosis (yrs)	31 ± 5	35 ± 7	0.07	31 ± 5	33 ± 6	0.45
Yr of diagnosis						
1984–1996	14 (54%)	1 (14%)	0.09	8 (47%)	7 (44%)	0.85
1997-2004	12 (46%)	6 (86%)		9 (53%)	9 (56%)	
Anatomic and physiologic variables [†]						
Cardiothoracic area ratio	0.51 ± 0.09	0.35 ± 0.12	0.002	0.52 ± 0.10	0.50 ± 0.14	0.55
RA area index	1.27 ± 0.47	1.02 ± 0.59	0.27	1.13 ± 0.49	1.06 ± 0.64	0.75
RA area index						
>1	21 (81%)	2 (29%)	0.01	12 (74%)	9 (56%)	0.48
<1	5 (19%)	5 (71%)		5 (29%)	7 (44%)	
RA area index						
>0.75	24 (92%)	2 (29%) -	0.002	14 (82%)	9 (56%)	0.14
< 0.75	2 (8%)	5 (71%)		3 (18%)	7 (44%)	
Severe TR (grade 4)						
Present	26 (100%)	3 (43%)	0.001	17 (100%)	12 (75%)	0.04
Absent	0 (0%)	4 (57%)		0 (0%)	4 (25%)	
TV Z score	7.5 ± 3.3	3.3 ± 3.0	0.01	8.1 ± 2.4	6.4 ± 3.7	0.19
TV Z score						
>3	25 (96%)	2 (29%)	0.001	17 (100%)	13 (81%)	0.10
<3	1 (4%)	5 (71%)		0 (0%)	3 (19%)	
Anterograde flow across the						
pulmonary valve						
Present	5 (19%)	5 (71%)	0.01	2 (12%)	5 (31%)	0.23
Absent	21 (81%)	2 (29%)		15 (88%)	11 (69%)	
Pulmonary regurgitation						
Present	6 (23%)	2 (29%)	0.76	6 (35%)	4 (25%)	0.71
Absent	20 (77%)	5 (71%)		11 (65%)	12 (75%)	
Fetal hydrops						
Present	10 (38%)	0 (0%)	0.06	7 (41%)	3 (19%)	0.17
Absent	16 (62%)	7 (100%)		10 (59%)	13 (81%)	

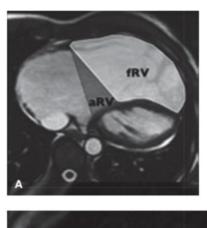
^{*} Elective terminations of pregnancies are included among fetal deaths.

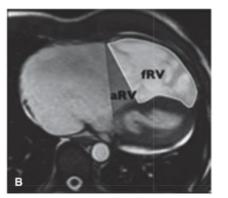
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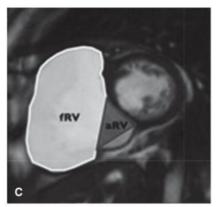
Table 2 Predictors of neonatal outcome among 49 live-born patients with

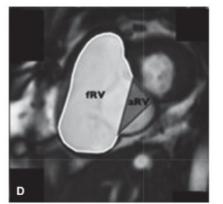
Variable	Deaths	Survivors	p Value	
	(n = 14)	(n = 35)		
Demographic variables				
Diagnosis				
Prenatal	9 (64%)	7 (20%)	0.003	
Postnatal	5 (36%)	28 (80%)		
Yr of diagnosis				
1984–1996	10 (71%)	19 (54%)	0.27	
1997-2004	4 (29%)	16 (46%)		
Weight at first neonatal	2.7 ± 0.4	3.3 ± 0.6	0.006	
echocardiogram (kg)				
Anatomic/physiologic				
variables				
RA area index	1.34 ± 0.43	0.74 ± 0.24	< 0.001	
RA area index				
>1	12 (86%)	3 (9%)	< 0.001	
<1	2 (14%)	32 (91%)		
RA area index				
>0.75	14 (100%)	15 (43%)	< 0.001	
< 0.75	0 (0%)	20 (57%)		
Severe TR (grade 4)				
Present	13 (93%)	8 (23%)	< 0.001	
Absent	1 (7%)	27 (77%)		
TV Z score	3.7 ± 1.9	2.3 ± 1.6	0.04	
TV Z score				
>3	11 (79%)	8 (23%)	< 0.001	
<3	3 (21%)	27 (77%)		
Anterograde flow across				
the pulmonary valve				
Present	1 (7%)	27 (77%)	< 0.001	
Absent	13 (93%)	8 (23%)		
Pulmonary regurgitation				
Present	3 (21%)	10 (28%)	0.45	
Absent	11 (79%)	25 (62%)		
Neonatal supraventricular/	, ,	,		
ventricular tachycardia				
Present	1 (7%)	5 (14%)	0.66	
Absent	13 (93%)	30 (86%)		
	(>)	20 (0012)		

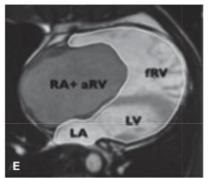
[†] Comparison between deaths and survivors is based on the most recent fetal echocardiogram, and comparison between live-born and non-live-born patients is based on the first fetal echocardiogram.

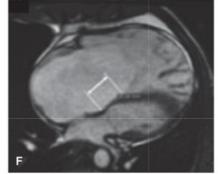


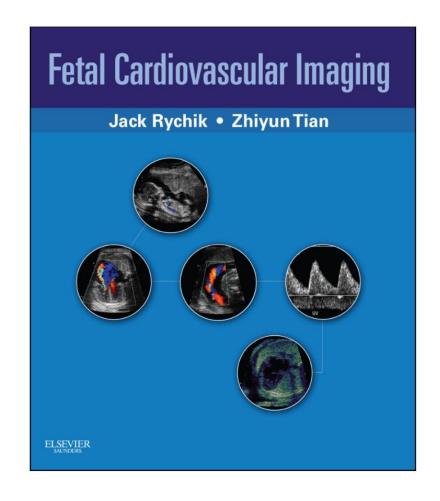










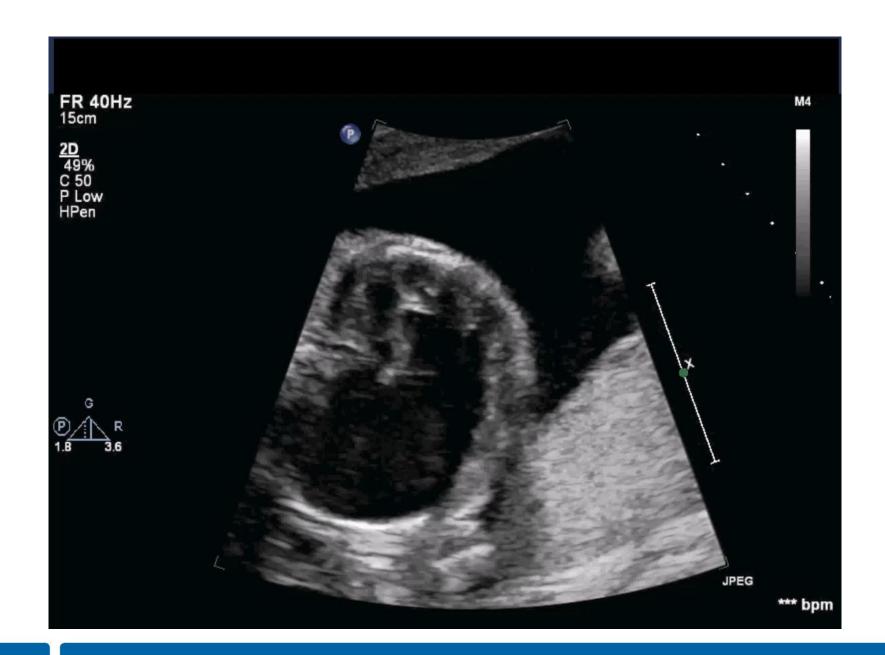






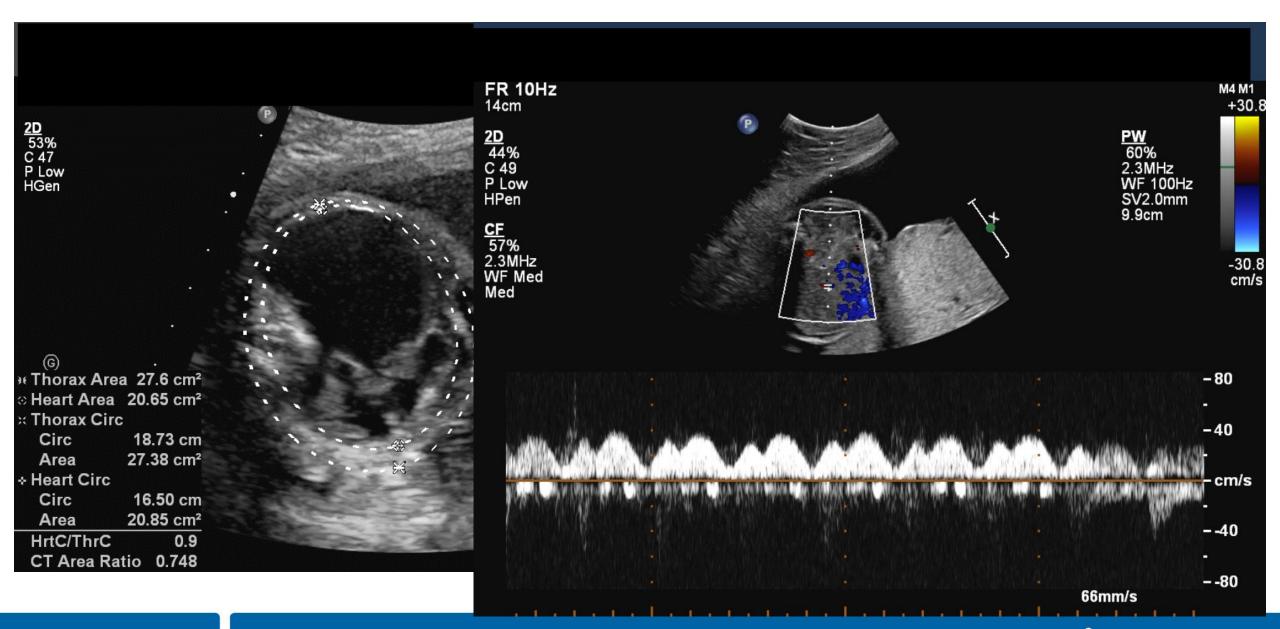


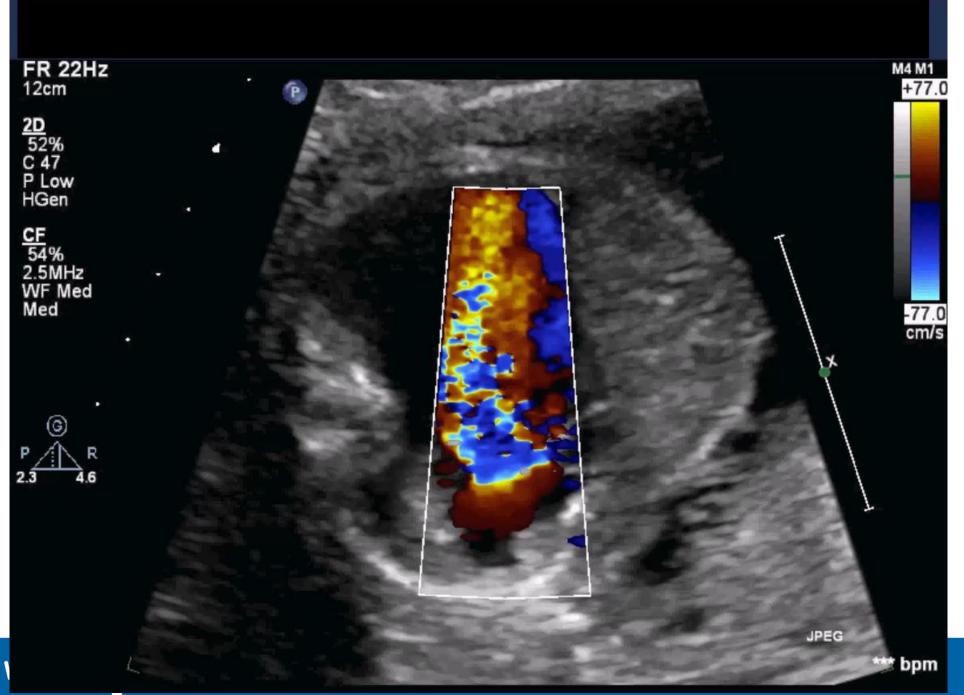


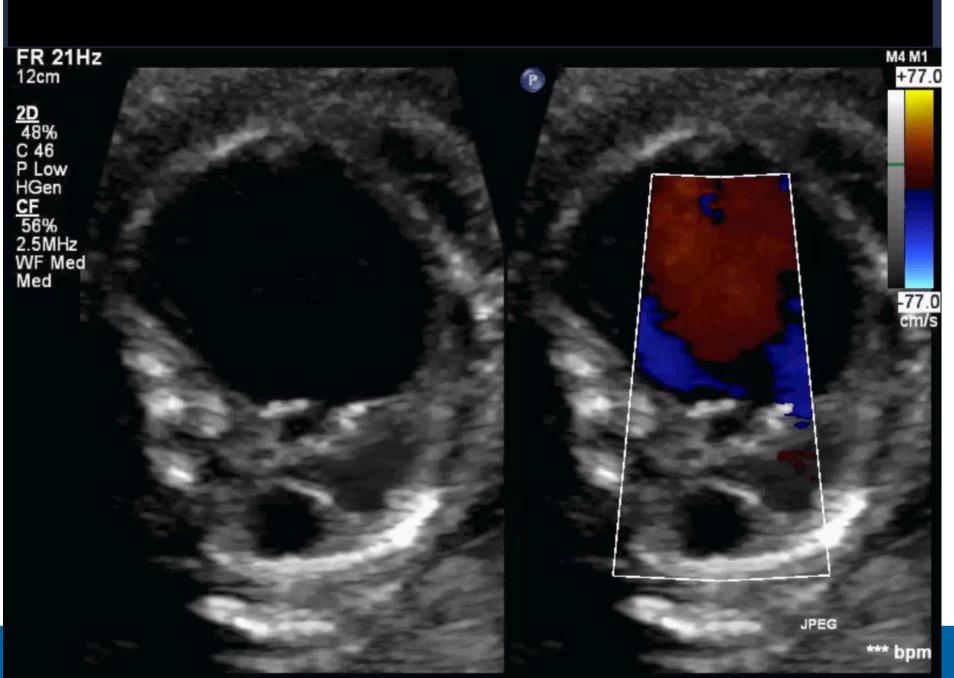


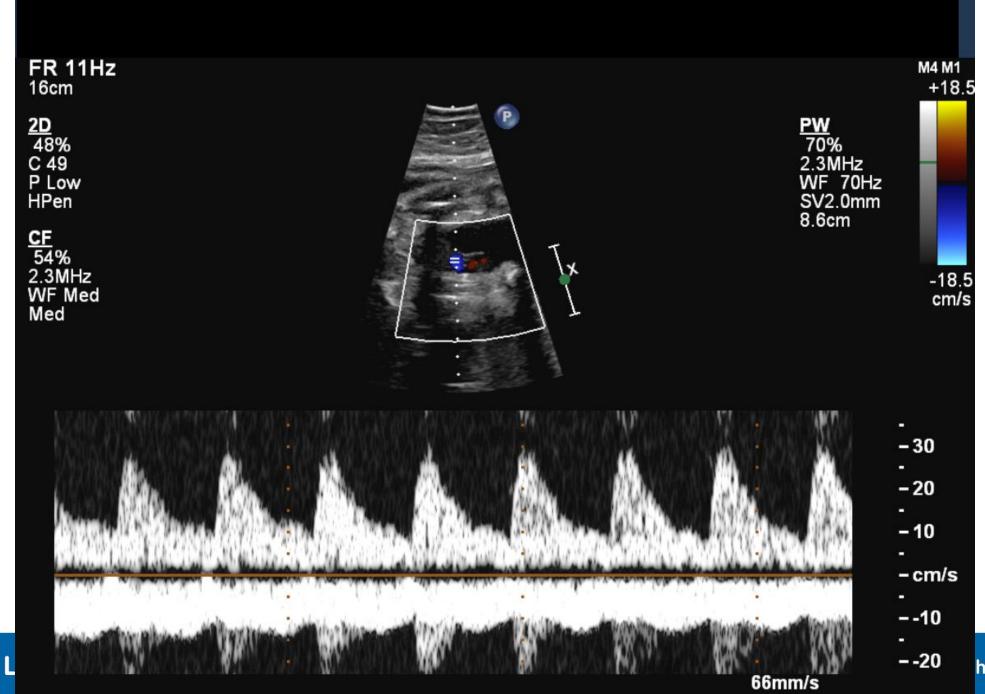










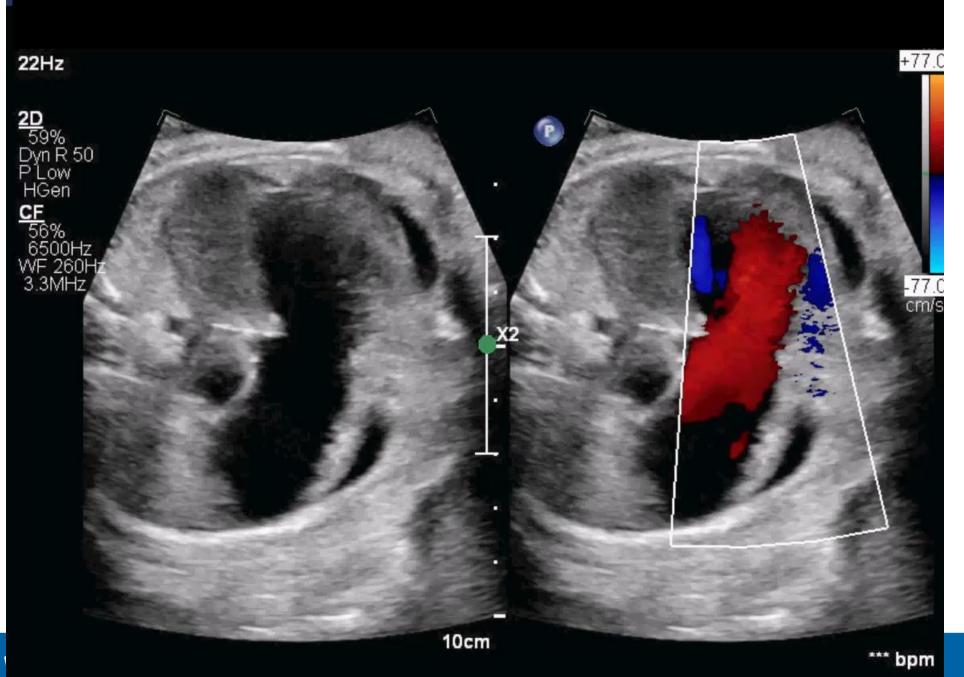


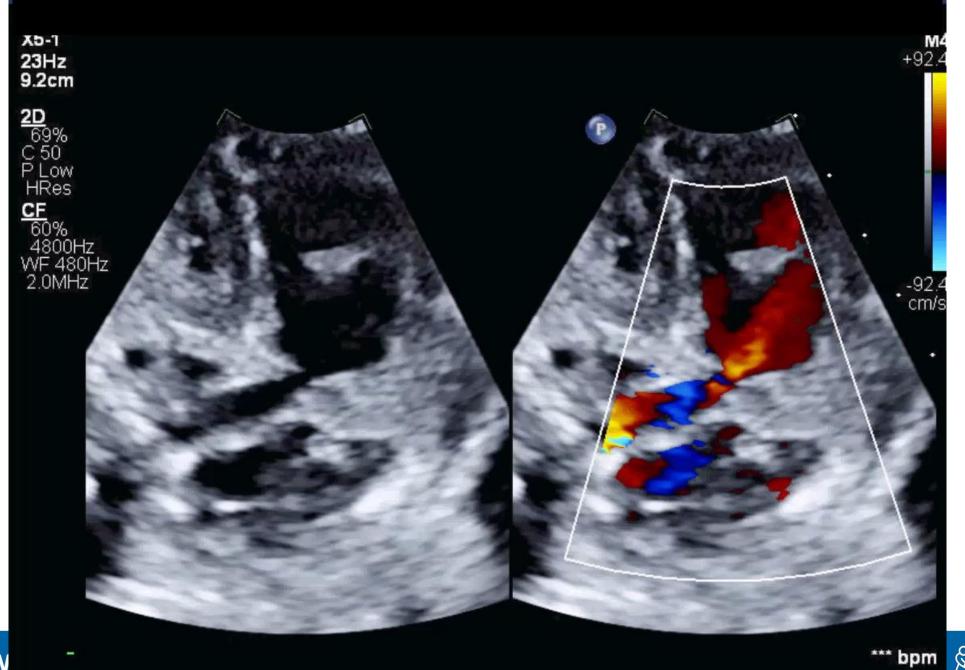
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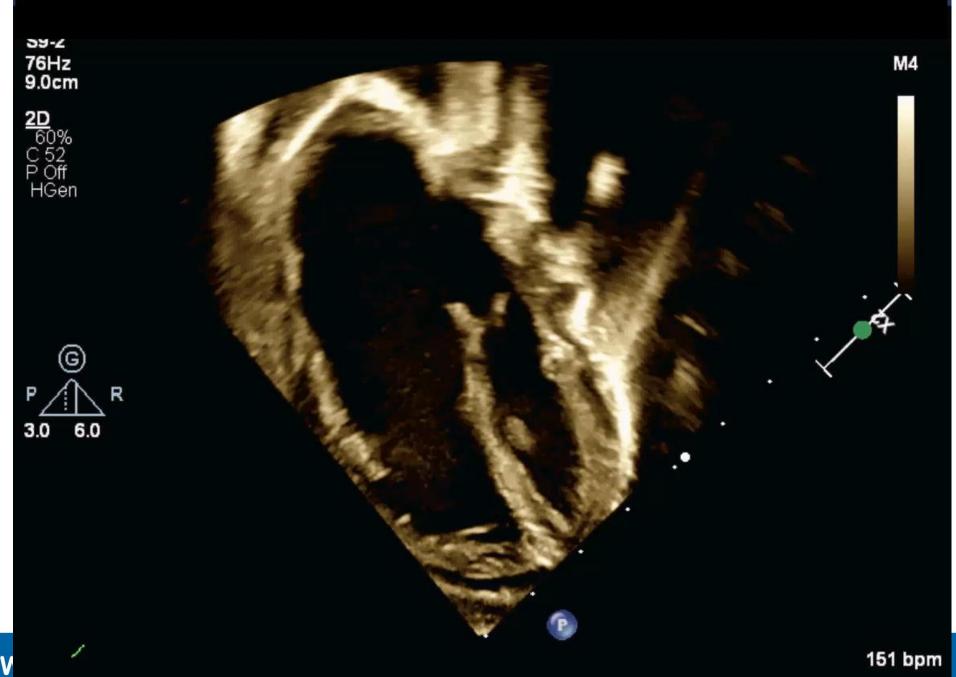


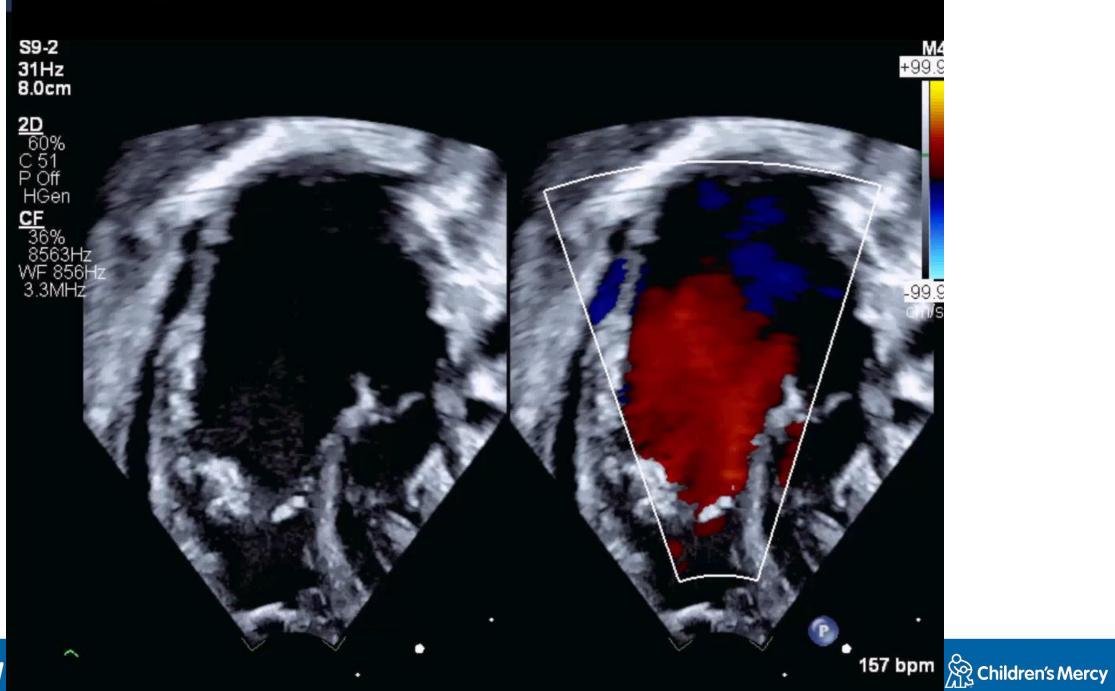


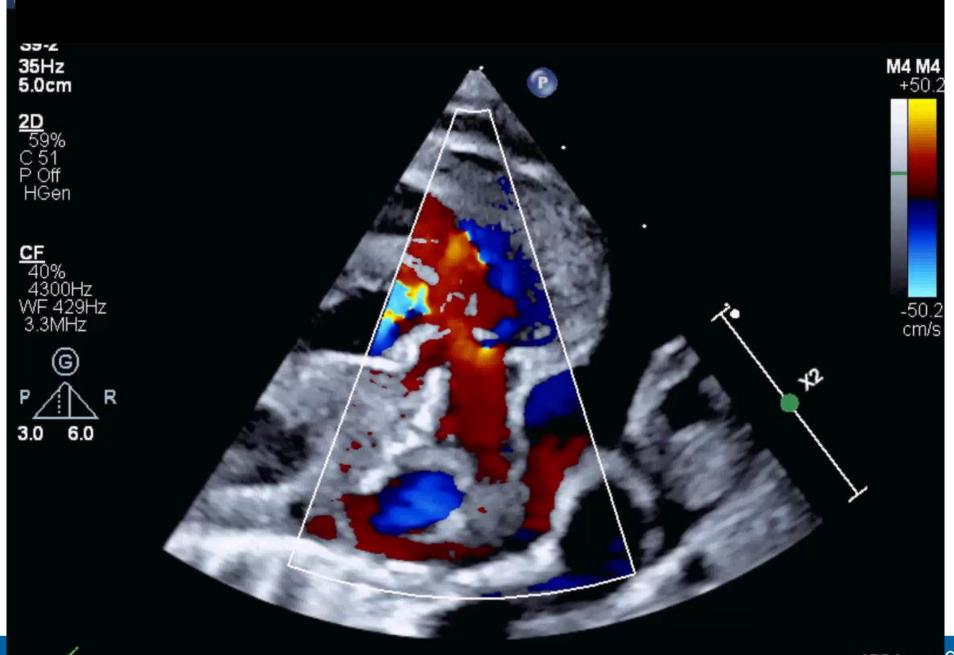


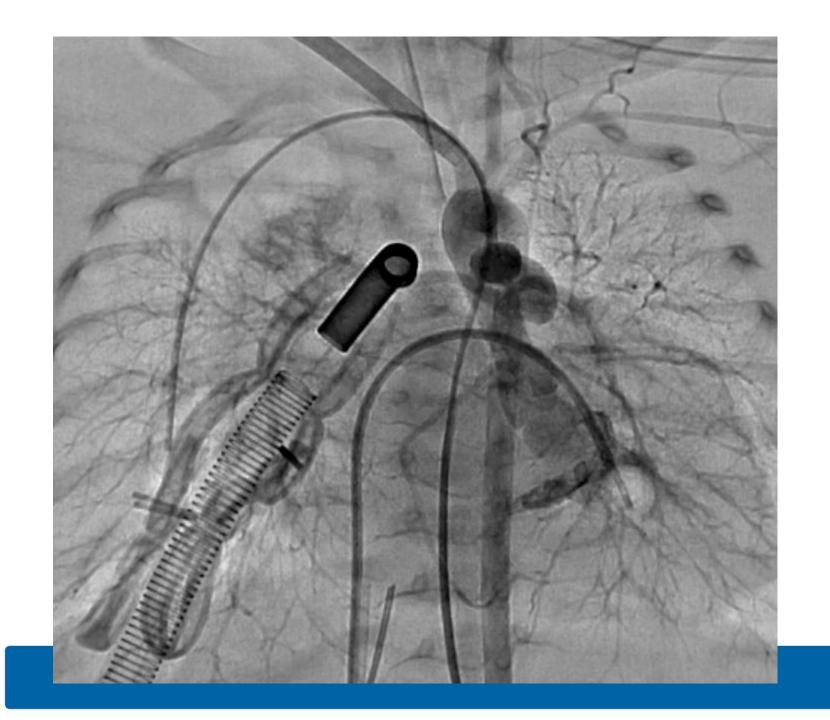


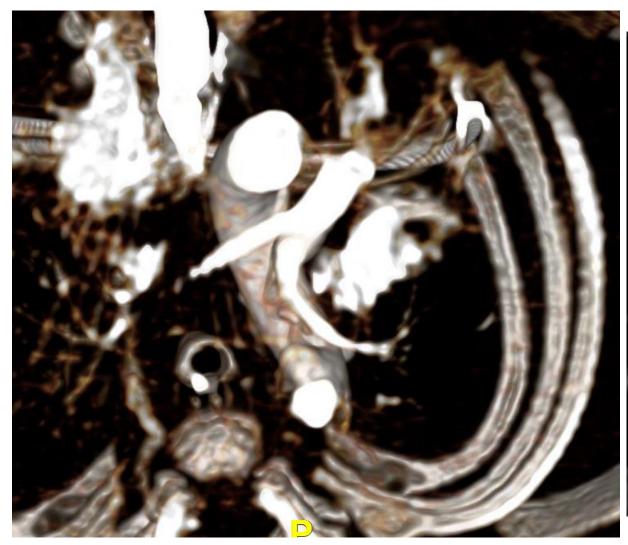


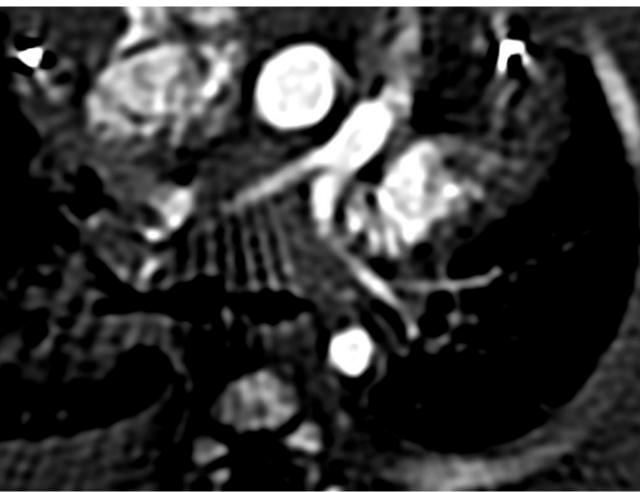








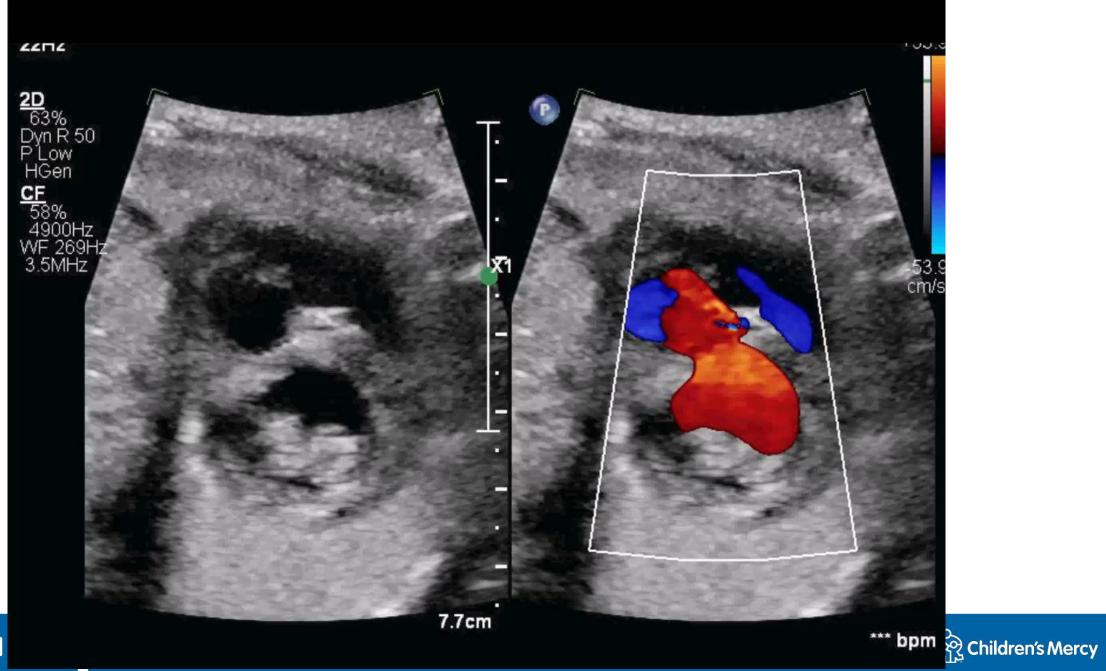




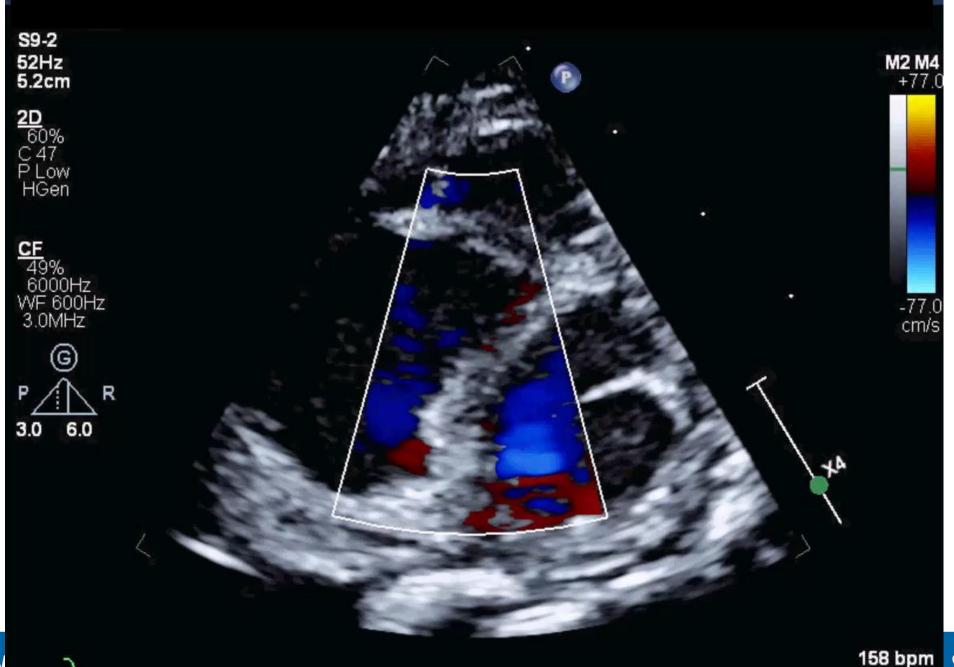














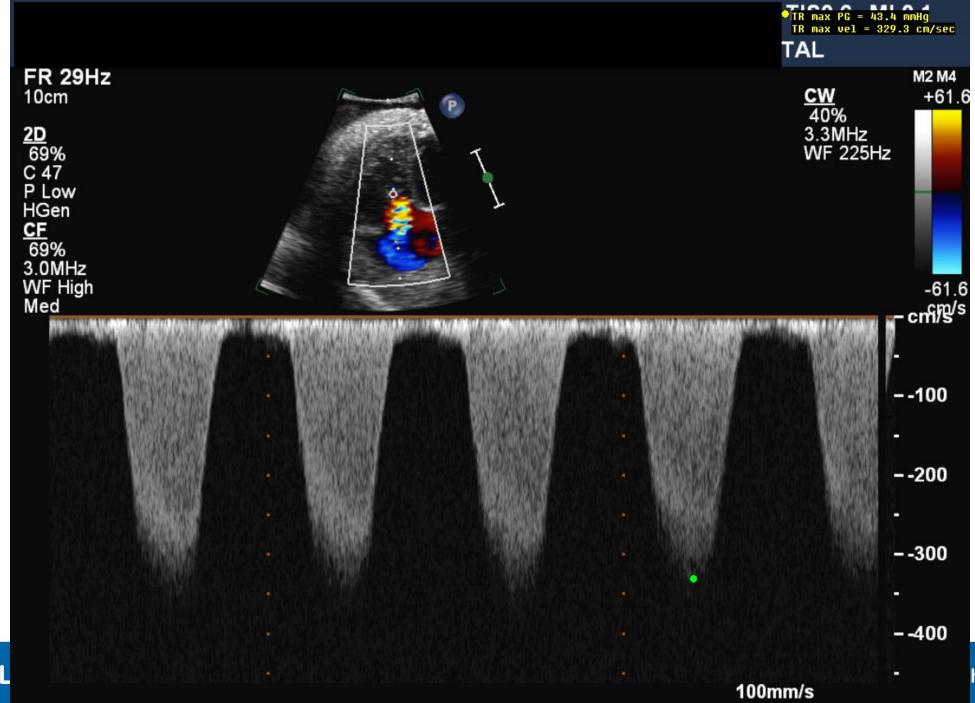






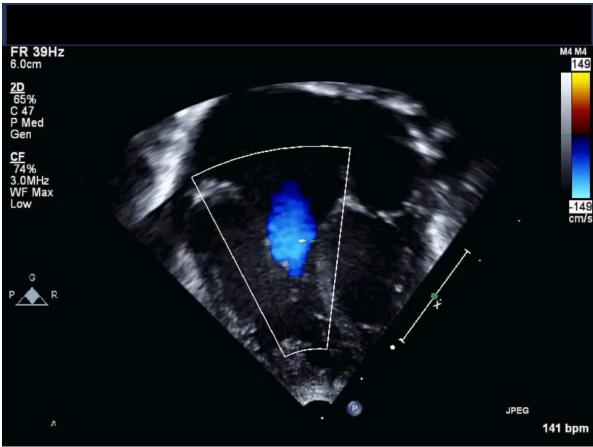












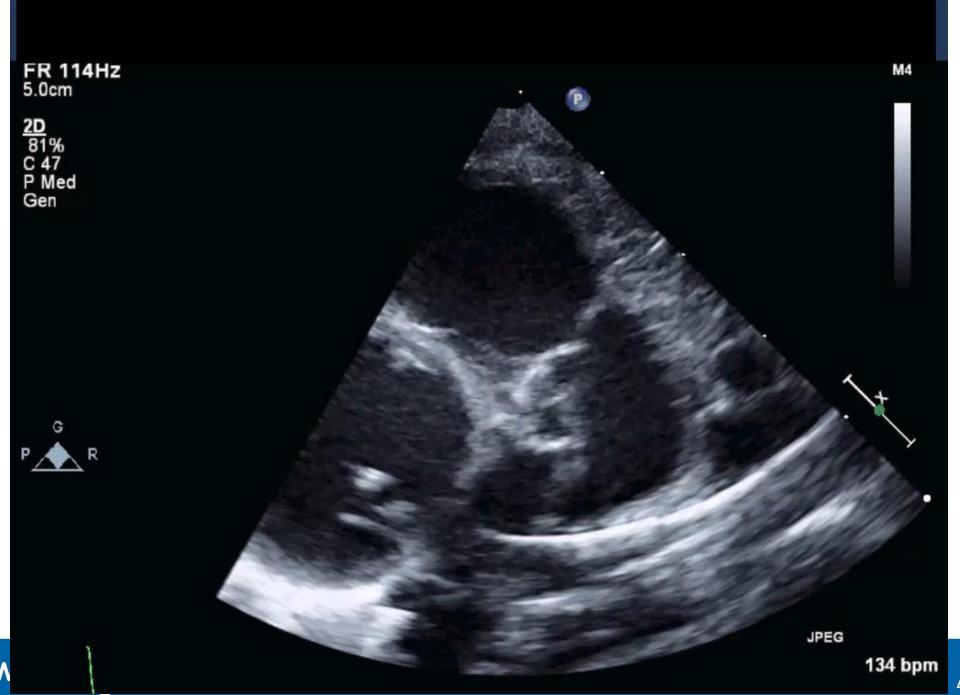


 TABLE
 38.5
 Indications of Surgical Intervention in Ebstein Anomaly

Decreased exercise tolerance

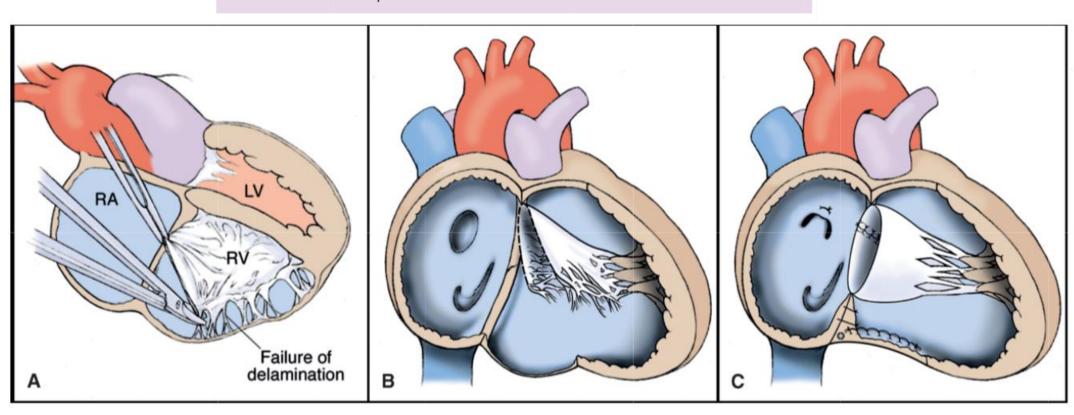
Cyanosis

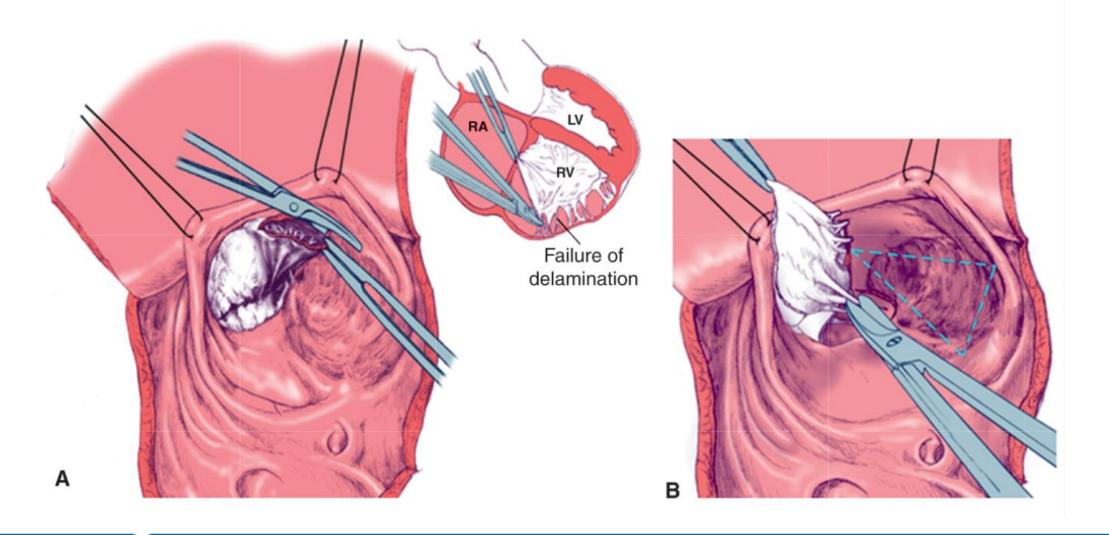
Progressive right ventricular dilatation (Cardiothoracic ratio >60%)

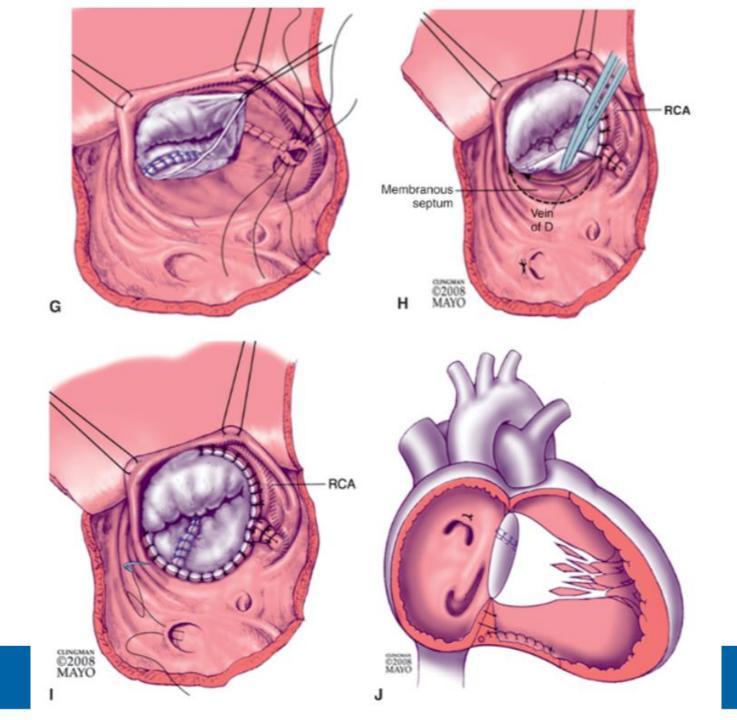
Prior to significant right ventricular dysfunction

Onset or progression of atrial arrhythmias

Prior to left ventricular dysfunction



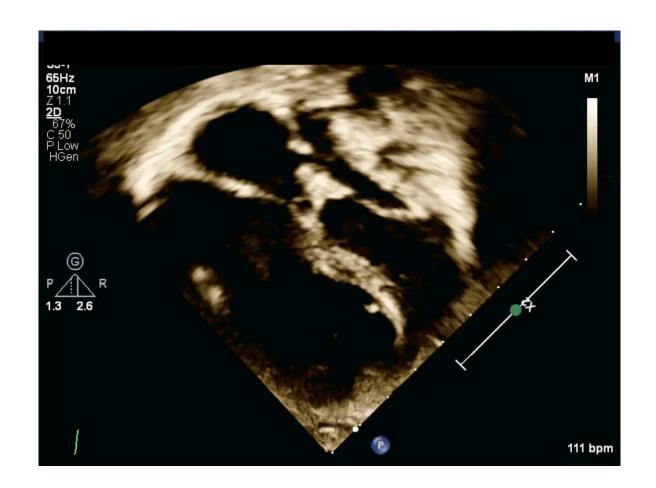


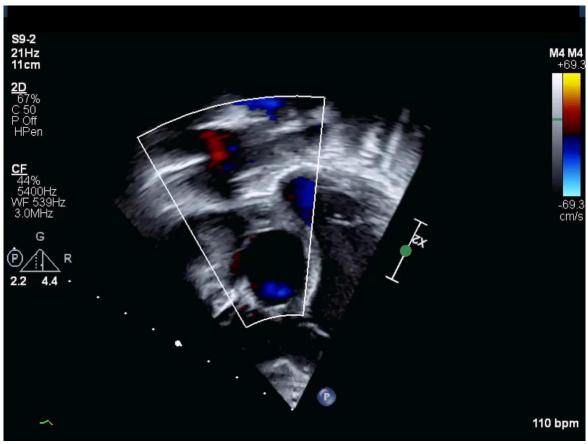


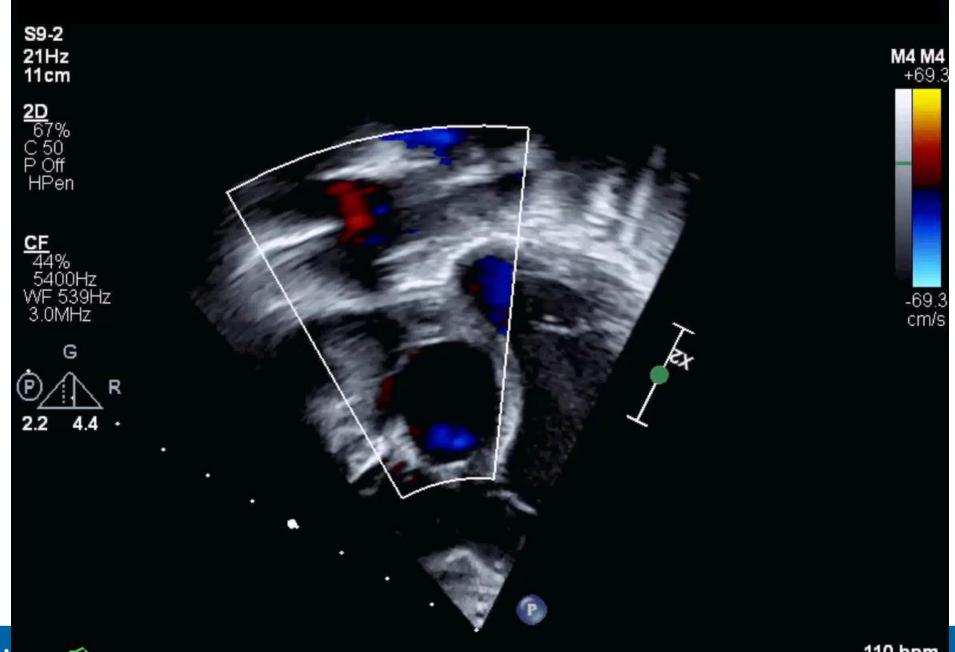












The outcomes of operations for 539 patient

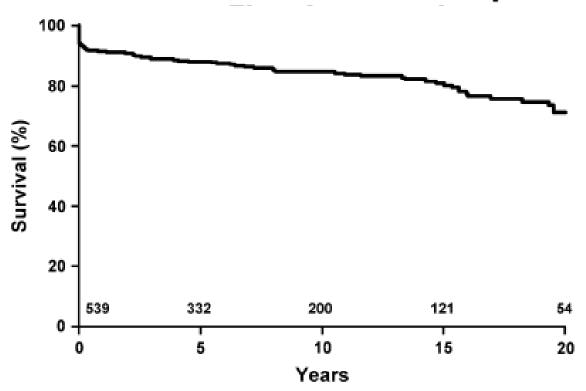


Figure 2. Long-term survival for all 539 patients. Time 0 is the time of the first cardiac operation at the Mayo Clinic.

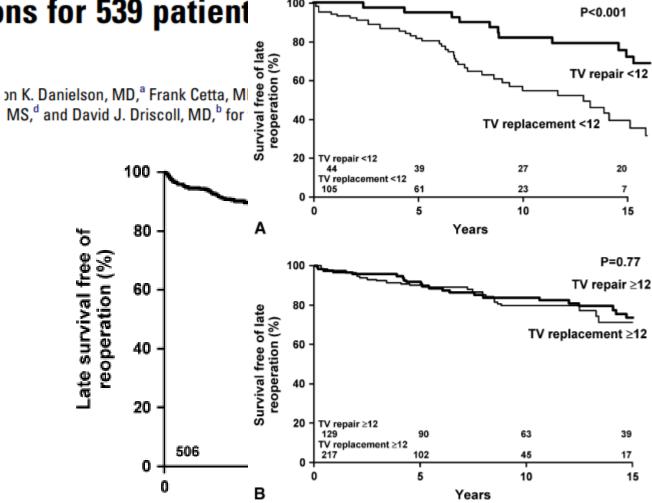


Figure 3. Survival the Mayo Clinic.

Figure 4. A and B, Survival free from late reoperation on the tricuspid valve (TV) for patients less than 12 or 12 or more years of age. The 35 patients who had TV replacement and had prior TV valve or other) for a repair followed by TV replacement were removed from the TV replacement group.

References

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 Anderson's Pediatric Cardiology (4th ed). Elsevier.

Thank you



Fetal team

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 - Rita France RDCS, RDMS, RT
 - Maria Kiaffas MD, PhD

Questions?



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