

A case of Tricuspid Valve disease



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Coordinator**

Tricuspid Valve Regurgitation

- **Primary-**
Structural deformity- Ebstein's anomaly,
Tricuspid valve disease
- **Secondary (functional)-**
Pulmonary Artery Hypertension,
Mitral valve disease,
LVSD,
Right ventricular infarct



76 year old lady

- Feb 2012- Tissue AVR (preserved LV)
- Aug- Nov 2012-Prosthetic valve endocarditis, aortic root abscess - redo surgery
- February 2013- Enterococcus bacteraemia
- Permanent Atrial Fibrillation
- Chronic kidney disease
- Normal coronary arteries



Social circumstances

- Lives with step daughter & husband receiving treatment for prostate CA
- Bedroom upstairs with chairlift
- Normal ETT 100 metres slowly with frame
- Husband main carer but manages self care
- Full rate attendance allowance



June 2015

- Yearly cardiology clinic - fluid overloaded, ETT 20 metres
- Admitted for IV diuretics - 4weeks
- Lost 10kg in weight: 70kg on discharge
- Echo 2015- moderate/severe mitral regurgitation, severe tricuspid regurgitation, dilated RA, mild LVSD

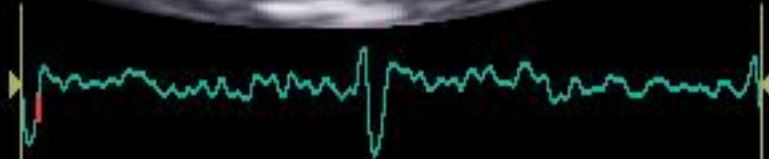
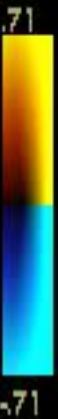
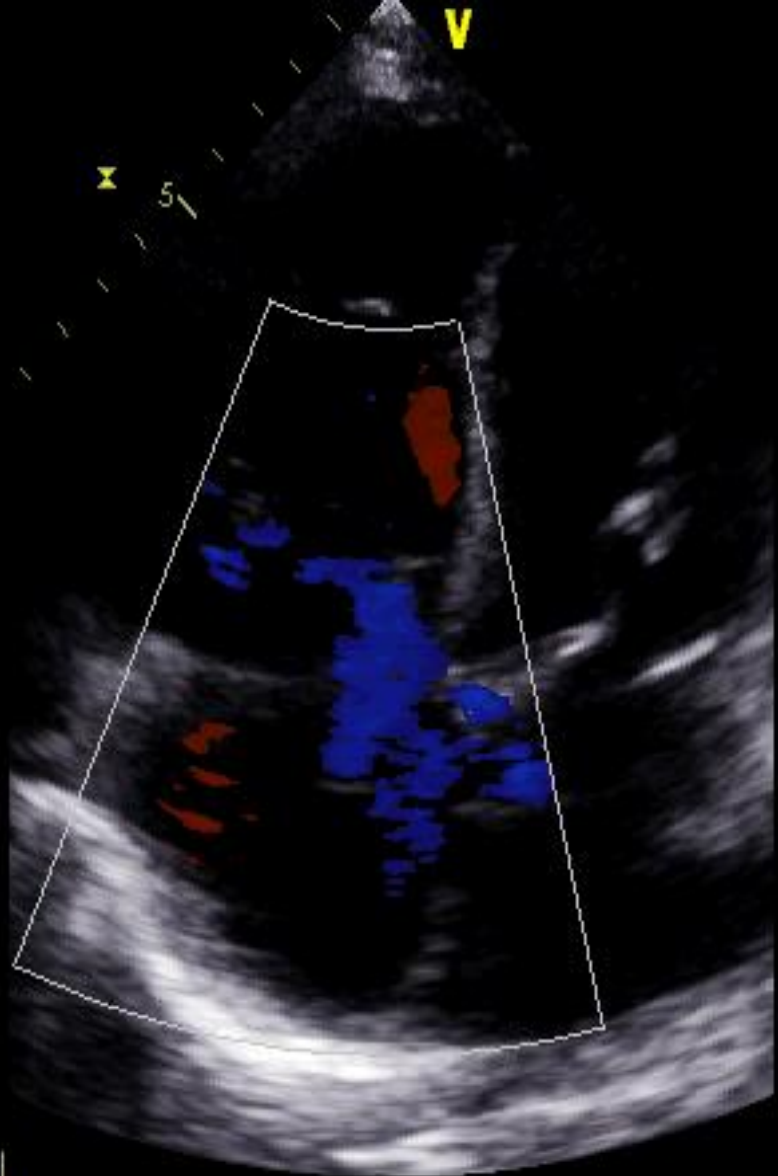


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65
3:53 HR

Discharge medication

- Amoxicillin 500mg tds,
- Bumetanide 5mg bd
- Metolazone 2.5mg twice weekly
- Chlorphenamine 4mg nocte
- Hydralazine 50mg tds
- Isosorbide mononitrate 40mg od
- Lansoprazole 30mg od
- Ropinerole 1.25mg od
- Sando K 1 tds
- Warfarin as per INR



Biochemistry

- Urea 29
- Sodium: 133
- Potassium: 3.9
- Creatinine: 170
- eGFR: 22
- Bilirubin 28
- Alk Phos 210
- Albumin 34
- ALT 19
- HB 94, Iron levels 8, trans sat 10%, ferritin 155



1st visit - 1 week after discharge

- Oedema to thigh
- Sacral oedema
- Ascites
- No PND
- No orthopnoea
- Weight fell to 67 now 70kg
- Felt well!
- ETT - 100 metre



July - Sept

DEVELOPED GOUT- COLCHICINE

UREA 42.3, CREATININE 229, SODIUM 135,
POTASSIUM 4.8, EGR 19

CLINICAL PICTURE UNCHANGED

DISCUSSION RE: PROGNOSIS & DNACPR

CARDIOLOGY REVIEW

REFERRED TO RENAL TEAM



July- Sept

TELEPHONE/HOME VISITS

WEIGHT GAIN- 74-76KG -METOLAZONE,
ETT- 50 METRES
? IV OUTPATIENT DIURETICS

ONGOING PALLIATIVE DISCUSSIONS- NOT
WANTING TO "GIVE UP"

REVIEWED BY RENAL TEAM- RENAL REVIEW
SUGGESTS DIALYSIS- IS THIS
APPROPRIATE?

REVIEWED BY RENAL NURSES



Points for discussion

- Pursue palliative care strategy?
- Difficult conversation as conflict of ideas
- Nurse as the patient advocate

