



ELSEVIER

European Journal of Cardio-thoracic Surgery 20 (2001) 428

EUROPEAN JOURNAL OF
CARDIO-THORACIC
SURGERY

www.elsevier.com/locate/ejts

Letter to the Editor

Detachment of the tricuspid valve to close ventricular septal defects

René Prêtre*, Marko I. Turina

Clinic for Cardiovascular Surgery, University Hospital Zurich, 100 Rämistrasse, 8091 Zurich, Switzerland

Received 12 April 2001; accepted 10 May 2001

We read with interest the article of Gaynor and co-workers on the closure of ventricular septal defects after detachment of the septal leaflet of the tricuspid valve [1]. In this retrospective analysis, the method was used in 21% of the patients with a ventricular septal defect.

For many years, we have been using this method in the majority of our patients to expose perimembranous ventricular septal defects. We initially used the technique described by Dr Gaynor, but progressively moved the incision more anteriorly. We presently no longer detach the septal leaflet from the annulus, but only part of the anterior leaflet. The detachment is started in the middle of the anterior leaflet and extended to (but not beyond) the antero-septal commissure. A short extension of the incision is also performed anteriorly: classically, two-thirds of the anterior leaflet is detached. This approach gives an optimal exposure of the ventricular septal defect, especially around the aortic annulus – an important advantage in case of an overriding aorta. This approach allows a precise insertion with a continuous suture of a patch on the muscle folds

surrounding the aortic annulus (ventriculo-infundibular fold and conal septum) and frequently allows a separate reapproximation of the anterior leaflet, at least on its anterior part. Inferiorly, the patch, at times, needs to be inserted on the annulus of the septal leaflet in very rare cases of a defect presenting a significant inferior extension. The risk of a heart block is certainly minimized – a complication that did not occur in our experience – as is the risk of a patch detachment or of an interference with the subaortic area. More than trivial tricuspid valve insufficiency has never been documented in our experience and seems less likely to arise after heart growth owing to the short portion of the patch fixed on the tricuspid annulus.

References

- [1] Gaynor JW, O'Brien Jr JE, Rychik J, Sanchez GR, DeCampli WM, Spray TL. Outcome following tricuspid valve detachment for ventricular septal defects closure. *Eur J Cardio-thorac Surg* 2001;19(3):279–282.

* Corresponding author. Tel.: +41-1-255-5508; fax: +41-1-255-4446.
E-mail address: rene.pretre@chi.usz.ch (R. Prêtre).