Right ventricular outflow tract obstruction should be considered in assessing influence of pulmonary regurgitation on right ventricular volume

We read with interest the results of the study by Wald et al.¹ indicating differences in quantitative assessment of pulmonary regurgitation (PR) with the use of PR fraction and volume. Pulmonary regurgitation volume showed better ability to identify severe right ventricular (RV) dilatation as well as was better than PR fraction in differentiating moderate from severe RV dilatation. However, there is a question regarding the studied population. The study cohort included patients with repaired tetralogy of Fallot (TOF) and PR. In patients after TOF repair, not only PR but also right ventricular outflow tract (RVOT) obstruction can be repaired, not only PR but also right ventricular dilatation is therefore not of major clinical relevance.²

Regurgitation on right ventricular volume

In quantitative assessment of pulmonary regurgitation in adults after tetralogy of Fallot repair should we be measuring regurgitant fraction or regurgitant volume? Eur Heart J 2009;30:356–361.

References


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LETTERS TO THE EDITOR
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- New appointments / positions
- Resignations
- Retirements
- Obituaries

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