Tricuspid Valve Replacement
A Percutaneous Transfemoral Valve-in-Ring Approach

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We describe a percutaneous transcatheter tricuspid valve-in-ring implantation using the Sapien XT prosthesis (Edward Lifesciences, Irvine, California) (1,2). A 68-year-old woman with rheumatic heart disease and 2 previous sternotomies including tricuspid valve repair with a 32-mm Carpentier-Edwards (Irvine, California) annuloplasty ring presented 2 years prior with severe tricuspid valve regurgitation (annulus dilation and tenting of the leaflet) and pulmonary hypertension (right ventricular systolic pressure of 46 mm Hg) related to left ventricular diastolic dysfunction. After multidisciplinary evaluation, a percutaneous approach was recommended to avoid increased risk of third-time redo sternotomy. The procedure was planned using a cardiac computed tomography–derived 3-dimensional printed model created using an Objet Connex 350 printer (Stratasys, Eden Prairie, Minnesota) (Figure 1). Using this model, the prosthesis size was selected and “test deployed” to verify adequacy (Online Video 1). The actual transcatheter tricuspid valve-in-ring implantation was performed in the hybrid operating suite under general anesthesia. The right common femoral vein was accessed percutaneously. With an Amplatz super-stiff wire (Boston Scientific, Marlborough, Massachusetts) acting as a rail, a 29-mm Sapien XT valve was advanced across the tricuspid valve annulus. The stented valve was balloon inflated with an additional 1 cc of contrast saline solution to achieve optimal conical deployment (Figure 2, Online Video 2). Transesophageal echocardiography showed only mild perivalvular regurgitation in the septal region, as predicted in the printed model. Post-procedural 2-dimensional echocardiography showed mild tricuspid valve regurgitation with a transvalvular gradient of 3 mm Hg (Figure 3, Online Video 3). The patient’s dyspnea improved prior to discharge from hospital 4 days later. The long-term effectiveness of this off-label procedure is still unknown and warrants further studies.

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FIGURE 1 Pre- and Post-Procedure CT Imaging and 3D Printed Model

(A) Pre-procedure electrocardiography-gated cardiac computed tomography (CT) scan with the outline of the standard template library files (red and purple outlines) used for printing of the 3-dimensional (3D) model projected on the CT image. (B) The 3D reconstruction of the standard template library files showing the anatomy included in the printed model. (C) Post-operative volume-rendered 3D image showing the implanted Sapien XT valve within the annulus. (D) The 3D printed model, which is made up of acrylic-based photopolymer resins of differing stiffness for the annuloplasty band and myocardium. The appropriate size of the Sapien XT valve was pre-operatively determined using the model. See Online Video 1.

FIGURE 2 Fluoroscopy Images of the Procedure

(A) Additional 1 cc of contrast saline solution was used to achieve optimal conical deployment. (B) Post-balloon expansion of the Sapien XT valve image showing a well-seated valve with the majority of the stent on the right atrial side of the annulus. See Online Video 2.
**REFERENCES**


**KEY WORDS** Sapien XT, transcatheter, tricuspid valve, valve-in-ring

**APPENDIX** For supplemental videos, please see the online version of this paper.