

pulmonary hypertension functional tricuspid regurgitation were found. We compare the idiopathic functional tricuspid

regurgitation with pulmonary hypertension functional tricuspid regurgitation as shown in table:1.

Table 1: Shows features of Id-FTR and PHTN-FTR

SL.NO.	VARIABLES	Idiopathic FTR(n=381)	PHTN-FTR(n=692)
1	AGE (>60YRS)	65±18	68±18
2	SEX	Males/Females(42.8%/57.1%)	Males/Females(43.5%/56.5%)
3.	LVSD	Absent	Present/Absent
4.	PASP	<50mmhg	>50mmhg

In the present study ,regarding age >60yrs no difference found between idiopathic FTR and pulmonaryhypertension FTR .In both Id-FTR and PHTN-FTR 68±18 yrs were commonly effected. Females were predominantly affected in both Id-FTR and PHTN-FTR.LVSD is absent in Id-FTR as compared to PHTN-FTR left ventricular systolic dysfunction is either absent or present. Regarding pulmonary artery systolic pressure (PASP),it is less than 50mmhg in case of Id-FTR and greater than 50mmhg in case of PHTN -FTR and is a important predictor of severity in case of functional tricuspid regurgitation.

4. Discussion

In the present study ,Idiopathic functional tricuspid regurgitation were found in 25.7% of 1203cases which is somewhat higher as compared to the study by Toplisky Y etal¹⁴(12%) and PHTN-FTR in the present study were found in 57.5% which is found to be higher as compared to the study by Toplisky Y etal (28.9%).

In our study, among age >60yrs most common age groups affected were 65±18yrs in patient with Id-FTR as compared to Toplisky Y etal most commonly occurs in 71.4±13.9yrs.In the present study ,most common age group affected were 68±18yrs in patient with PHTN-FTR as compared to Toplisky Y etal¹⁴ 70.4±15.3yrs.

In the present study,females were predominantly affected in both Id-FTR and PHTN-FTR as compared to the study by Toplisky Y etal¹⁴ males in Id-FTR were 31.2% and in PHTN-FTR were of 30.7%.

In our study,PASP in Id-FTR is <50mmhg and in PHTN-FTR >50mmhg as similar to the study by Toplisky Y etal¹⁴ where PASP in Id-FTR is 39.6±6.5mmhg and in PHTN-FTR it is 71.5±20.6 mmhg.

5. Conclusion

The present study conducted in cardiology department Hamidia hospital ,Bhopal,MP(Central India) suggests 12.03% of tricuspid regurgitation were found .On comparing Id-FTR and PHTN -FTR both were links to elderly and found predominantly in females and PASP is the important predictor in differentiating Id-FTR and PHTN-FTR in our study.

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