occur. Mild tricuspid valve regurgitation before occlusion does not deteriorate after occlusion. Tricuspid valve regurgitation significantly attenuate after occlusion in patients with moderate tricuspid valve in the presence of pulmonary artery hypertension. Key words: membranous septal defect; intervention therapy; tricuspid valve regurgitation; follow-up

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EFFECTS OF INTERVENTION THERAPY ON TRICUSPID VALVE IN MEMBRANOUS SEPTAL DEFECT

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Objectives to investigate the correlated factors and change of tricuspid valve regurgitation after the occlusion of membranous septal defect.

Methods A total of 115 patients with VSD, including 69 aneurysms of membranous septum, 41 simple membranes deletions, 3 inferior ridges and 2 parietal septums, were enrolled from January 2007 to December 2009. All of them were successfully undertaken occlusion. The results of echocardiogram were compared before and at 3 day, 1 month, 3 month and 6 month. All of patients were assigned according to areas of tricuspid regurgitation and pulmonary artery pressure.

Results mean areas of tricuspid valve regurgitation less than 20% of that of right before occlusion were7.91±5.88% after occlusion and more than 20% were 34.10±13.25% and more than 20% in the presence of pulmonary artery hypertension were34.27±12.62%. Mean areas of all of them attenuated over time.

Conclusions No deterioration of tricuspid valve regurgitation and requiring of operation repair and valve substitution