

P288**Prognostic role of hemoglobin levels in patients with severe tricuspid regurgitation**

Garcia Martin A.; Hinojar R.; Gonzalez Gomez A.; Plaza Martin M.; Pascual Izco M.; Alonso Salinas G.; Monteagudo Ruiz JM.; Abellas Sequeiros M.; Casas Rojo E.; Moya Mur JL.; Jimenez Nacher JJ.; Ruiz Leria S.; Barrios Alonso V.; Fernandez-Golfin C.; Zamorano Gomez JL.

University Hospital Ramon y Cajal, Department of Cardiology, Madrid, Spain

Background.

Patients with severe tricuspid regurgitation (TR) frequently develop heart failure (HF) and their surgical therapeutic options are limited because of very high or prohibitive risk. According to the 2016 ESC guidelines for HF, anaemia and iron deficiency are associated with worse prognosis and intravenous iron therapy should be considered in symptomatic patients with HF reduced ejection fraction (HFrEF) in order to alleviate symptoms, improve exercise capacity and quality of life. The effect of treating iron deficiency in HF preserved ejection fraction (HFpEF) is unknown. The purpose of this study was to analyze the correlation between levels of hemoglobin (Hb) and the prognosis in patients with severe TR and preserve EF.

Methods.

Consecutive patients with significant TR (moderate to severe or severe by echocardiography) evaluated in the Heart Valve Clinic between 2015-2018 were included. End-point included cardiovascular mortality, tricuspid valve surgery or heart failure.

Results.

A total of 70 patients were included (mean age was 74 ± 8 years, 71% females). According to aetiology, 94% were functional TR (60% due to left valve disease, 27% due to tricuspid annulus dilatation, 13% others). Mean left ventricular ejection fraction was $56,5\% \pm 6,7\%$. During a median follow up of 18 months [IQR: 4-28], 35% of the patients reached the combined end-point ($n = 16$ developed right HF, $n = 17$ underwent tricuspid valve surgery, and $n = 3$ died). Patients with events showed lower Hb values ($p = 0.04$). The level of anaemia was a prognostic factor of the combined endpoint (per gr/dl, HR 0.77 [0-61-0.98], $p = 0.036$).

Conclusion.

Hemoglobin is predictive of poor outcomes in patients with significant TR. According to these preliminary results, iron deficiency could be a therapeutic target in this subgroup of patients with limited therapeutic options.