

Preface

The present issue concerning “Tricuspid Valve Surgery” is dedicated to Dr. Lawrence H. Cohn, who passed away in January 2016. He would have been 80 years old in March 2017.

Dr. Lawrence H. Cohn was not only an inspiring and pioneering figure in cardiac surgery, but also a renowned scientist and academic. He is well-known in the circle of cardiac surgeons, both young and experienced, especially through his book “Cardiac Surgery in the Adult”, and has proven to be of extraordinary help to me personally and certainly to many other surgeons as well.

Dr. Lawrence H. Cohn was originally entrusted with the responsibilities of Guest Editor for the current issue. However, he could not continue and finish the whole issue due to his untimely death. I was commissioned to continue the project that he had already started and the goal was to complete the fantastic project he had initiated.

It was a great pleasure for me to assume this responsibility of Guest Editor and I would like to thank all authors and the team of *Annals of Cardiothoracic Surgery (ACS)* for their great input and support, which has made the successful completion of this possible. All the aspects of the tricuspid valve have been addressed in the current issue—diagnostic echocardiography, the treatment of common and rare etiologies of tricuspid valve disease, various operative and interventional approaches to the tricuspid valve, and last but not least, the indications, techniques, and outcomes of tricuspid valve repair and replacement.

Functional or secondary tricuspid valve regurgitation accounts for nearly 80% of the causes for tricuspid valve insufficiency and often occurs due to left-sided valve disease. The general consensus many years ago was that the secondary tricuspid valve regurgitation or secondary dilatation of the tricuspid valve annulus would decrease after treatment of the primary left-sided valve disease. However, several published reports in literature demonstrated an increase in tricuspid valve regurgitation after isolated left-sided valve surgery. Moreover, tricuspid valve operations after previous heart surgery are associated with a high risk, which is compounded by late referral of these patients for redo surgery.

Therefore, patients with isolated left-sided valve disease should undergo corrective surgery early in the course of their disease before the onset of tricuspid valve annular dilatation and/or secondary TV insufficiency. Similarly, patients requiring redo tricuspid valve surgery following previous left-sided valve operations should also be referred earlier. Whether an additional prophylactic annuloplasty of a dilated TV annulus surgery would prevent development of late TV regurgitation after left-sided valve has to be further demonstrated in randomized trials.

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