Supplementary table 1: Grading of tricuspid stenosis – summary of indices and limitations of techniques

TRICUSPID STENOSIS		
PARAMETER	SIGNIFICANT STENOSIS	LIMITATIONS
2D visualisation of the leaflets	- Immobile, retracted leaflets, diastolic doming and reduced separation at peak opening. - Extensive thickening of the leaflets	- Sub-optimal acoustic windows - Subjectivity and variable correlation to haemodynamics
Right Atrial Size	- Moderate dilatation in the absence of ASD or pulmonary disease	- Dilatation is not limited to stenosis e.g. atrial fibrillation and TR
IVC size	- > 21mm in the absence of ASD or pulmonary disease.[1]	- Dilatation is not limited to stenosis e.g. TR
Mean Gradient	- ≥ 5mmHg.[2]	- Respiratory variation - Significant TR will cause falsely elevated values
Velocity Time Integral	- > 60cm.[3]	- Respiratory variation - Significant TR will cause falsely elevated values
Pressure Half Time ($190/T_{1/2}$)	- ≥190ms.[2]	- Not been adequately validated - Difficult to obtain a deceleration time at higher heart rates
Tricuspid Valve Area (derived from continuity equation)	- ≤ 1.0cm^2[2]	- Errors in calculation of stroke volume - Underestimates valve area in the presence of TR greater than mild

Colour Doppler	– Evidence of flow acceleration and large area of flow convergence within the RA – Narrow jet	– PISA calculations are not recommended – Dependent on gain and pulse repetition frequency settings

References

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