**TRICUSPID REGURGITATION - CURRENT AND EMERGING THERAPIES**

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Tricuspid Regurgitation(TR) is commonly noted on echocardiograms performed for various reasons. In the last two decades clinical significance of hemodynamically significant TR has increasingly been well recognized. Most cases of significant TR are termed ‘secondary’ and caused due to tricuspid annular dilation and non-coaptation of valve leaflets. Primary TR, caused due to a leaflet problem like prolapse, endocarditis etc is less common. Diagnosis and surgical management of TR will be reviewed, with focus on different repair strategies. Percutaneous valve therapies under development for TR at this time are focused on performing partial or complete annuloplasty, leaflet clipping, spacer placement to promote leaflet coaptation and caval valve implantation. These will be reviewed as well.