

Normal Values, Patterns And Variability Of Mitral And Tricuspid Inflow Pulsed Doppler In Healthy Children And In Congenital Heart Disease With Right Ventricle Diastolic Dysfunction





Pietro Marchese M.D.^{1,2}, Eliana Franchi M.D.¹, Cecilia Viacava M.D.¹, Giulia Corana M.D.¹, Jef Van den Eynde, BSc⁵, Raffaele Giordano M.D.³, Giuseppe Santoro M.D¹, Nadia Assanta M.D.¹, Massimiliano Cantinotti M.D,^{1,2}

¹ Fondazione G. Monasterio CNR-Regione Toscana, Massa and Pisa, Italy

² Department of Pediatrics, University of Pisa, Italy

³ Taussig Heart Center, Department of Pediatrics, Johns Hopkins Hospital

⁴ Adult and Pediatric Cardiac Surgery, Dept. Advanced Biomedical Sciences, University of Naples Federico II

Background: Mitral (MV) and Tricuspid valve (TV) pulsed Doppler velocities and derived gradients are commonly evaluated during routinely echocardiographic examination but data on normal pediatric patients are still limited.

Aim: to establish nomograms for MV and TV Doppler in a large cohort of prospectively enrolled healthy children. Secondarily, we aimed to evaluate Doppler patterns in children with congenital heart disease (CHD) characterized by right ventricular pressure overload (RVPO) shortly after surgical/percutaneous intervention

Methods: We gathered data from Echocardiographic measurements included pulsed Doppler MV and TV E and A velocities, E deceleration times (EDT), and maximal/mean gradients and time velocity integral (TVI) derived

Results: A total of 540 healthy subjects (median 6.4 years, IQR 2.4-10.0 years) and 45 CHD (27 pulmonary stenoses and 27 tetralogy of Fallot, median 4.7 months, IQR 0.3-13.36 months) within 36 hours after percutaneous/surgical intervention were included. Maximal velocities and gradients of both MV and TV were higher in neonates and infants (p<0.001), while mean velocities and gradients were lower (p<0.001), with values stabilizing after 2 years of age. VTI and EDT times instead progressively increased with age (p<0.001).

Both for the MV and TV, E/A pattern varied greatly among age groups, and inversion within beats consecutive was quite common, especially for the TV. Compared with age-matched controls, in CHD MV and TV variability in E, A velocities, EDT times were reduced and E/A inversion within pattern consecutive beats was absent.

Conclusions: We report values and patterns for MV and TV inflow Doppler from a large population of healthy children, and we compared these data



Pathological pattern of MV with absent variability

		0-30 days	31 days-24 months	2-5 yrs	5-11 yrs	11-18 years	2-18 yrs	Total	р	
Γ	MV Normal									
	No inversion	13 (48.1)	85 (81.7)	79 (97.5)	233 (98.3)	101 (100)	413 (98.6)	511 (92.9)	<0.001	
	Inversion in 1 beat	3 (11.1)	6 (5.8)	1 (1.2)	2 (0.8)	0 (0)	3 (0.7)	12 (2.2)	<0.001	
	Inversion in 2 beats	3 (11.1)	4 (3.8)	0 (0)	1 (0.4)	0 (0)	1 (0.2)	8 (1.5)		
	Inversion in 3 beats	8 (29.6)	9 (8.7)	1 (1.2)	1 (0.4)	0 (0)	2 (0.5)	19 (3.5)	<0.001	

with MV and TV doppler spectrum, velocities and gradients in a wide RVPO pediatric population