

the right ventricle, obstructing the tricuspid inflow significantly (peak transvalvular tricuspid gradient 15 mmHg) (Fig. 2, Video 1. See corresponding video/movie images at www.anakader.com).

The patient underwent open-heart surgery and successful tricuspid valve repair after en bloc resection of a myxoma involving the septal leaflet of the tricuspid valve. The pathologic diagnosis was myxoma and the patient was discharged on the 7th postoperative day.

Myxoma is the most common primary cardiac tumor that mostly originates from left atrium. Myxomas that originate from tricuspid leaflets obstructing the tricuspid inflow are seen extremely rare

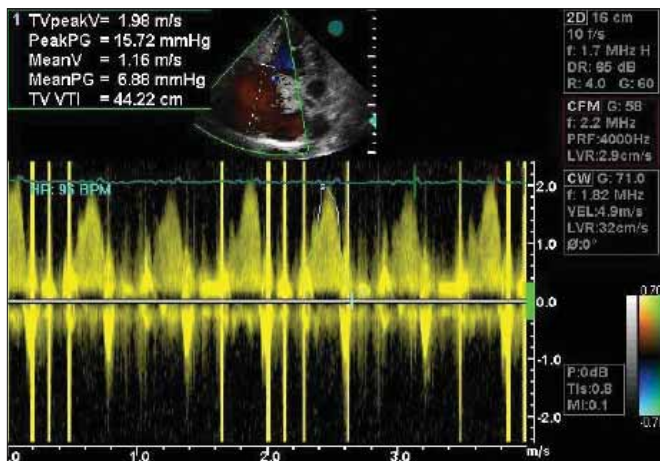


Figure 2. Preoperative echocardiography shows peak diastolic transvalvular tricuspid gradient caused by large echo dense mass

Mehmet Can, İbrahim Tanboğa, Gökhan Gözübüyük, Taylan Akgün,
Erdem Türkyılmaz, Vecih Oduncu, Cihangir Kaymaz
Department of Cardiology, Kartal Koşuyolu Yüksek İhtisas
Education and Research Hospital, İstanbul, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Mehmet Can,
Department of Cardiology, Kartal Koşuyolu Yüksek İhtisas Education
and Research Hospital, İstanbul, Turkey
Phone: +90 216 459 40 41 Fax: +90 216 459 63 21
E-mail: mehmetmustafacan@yahoo.com

Abnormal elongated chordae tendinea protruding to the left ventricular outflow tract



Sol ventrikül çıkış yoluna salınım gösteren anormal uzun korda tendinea

A 22-year-old man was referred to our institution for cardiac evaluation before non-cardiac surgery. The patient had excellent functional capacity. Cardiac examination revealed a mild systolic murmur at left sternal border. The chest X ray and electrocardiogram were normal. Transthoracic and transesophageal echocardiography showed an elongated anterior mitral chordae tendinae swinging in the left ventricle and it was also protruding into the left ventricular outflow tract (LVOT) during systole (Fig. 1, 2. Video 1. See

corresponding video/movie images at www.anakader.com). No other structural abnormalities of the mitral valve or signs of obstructive cardiomyopathy were noted. Doppler examination demonstrated no significant pressure gradient across the LVOT at rest and during Valsalva maneuver. One year later the patient was found to be in asymptomatic condition with the same echocardiographic picture. Elongated mitral chordae tendinae is an uncommon, benign echocardiographic finding. Its unusual fashions require differential diagnosis from other pathological entities. In this instance, transesophageal echocardiography may reveal anatomic and functional details.

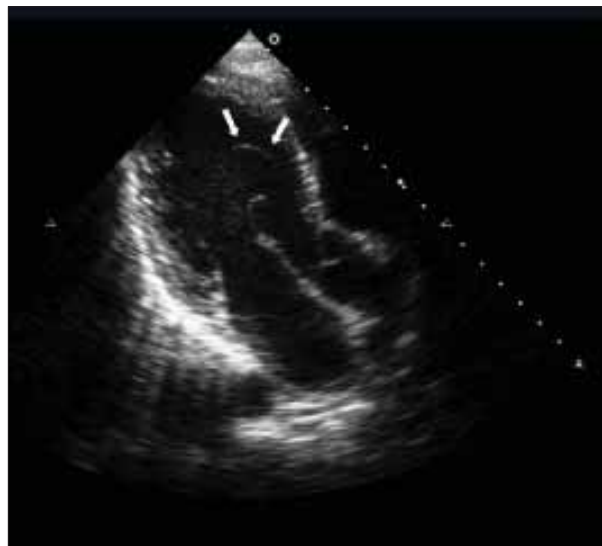


Figure 1. Transthoracic echocardiography (modified apical 5-chamber view) demonstrates an elongated anterior mitral chordae tendinae swinging in the left ventricle

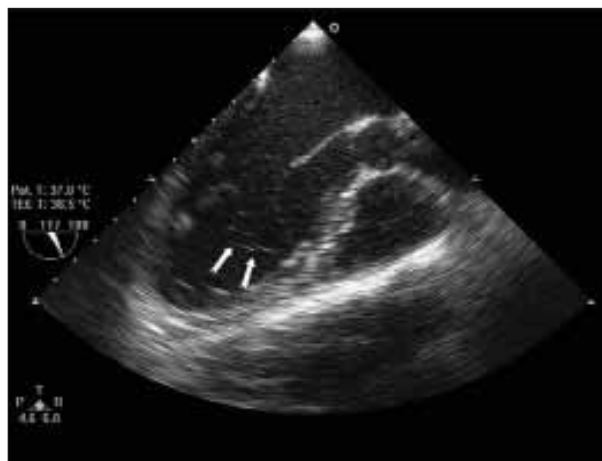


Figure 2. Transesophageal echocardiography view of an abnormal elongated chordae swinging in the left ventricle

Uğur Önsel Türk, Emin Alioğlu, Ertuğrul Ercan¹, Hamza Duygu²
Department of Cardiology, Central Hospital, İzmir
¹Department of Cardiology, Faculty of Medicine University of
Çanakkale Onsekiz Mart, Çanakkale
²Department of Cardiology, Karşıyaka State Hospital,
İzmir, Turkey

Address for Correspondence/Yazışma Adresi: Dr. Uğur Önsel Türk,
Central Hospital, Department of Cardiology, İzmir, Turkey
Phone: +90 232 341 67 67 Fax: +90 232 341 68 68 E-mail: droturk@yahoo.com