

catheter. We also aspirated both right and left pulmonary arteries on a beating heart. The removed material was proved to be an organized thrombus in the pathological examination (Fig. 1). Although the postoperatively performed lower extremity venous Doppler ultrasound imaging revealed to be normal, we presumed that this thrombus originated from the iliac venous system. He is still symptom-free at the end of the fourth month following surgery.

Right heart thrombus requires urgent therapeutic approach for the delay in treatment increases the rate of mortality. We emphasize the importance of echocardiographic imaging studies before cardiac surgery and surgical exploration and embolectomy is a safe choice for floating right heart thrombus treatment.



Figure 1. The removed organized thrombi from the pulmonary artery and its branches

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A case of cardiac valvular dysplasia

Bir kardiyak valvüler displazi vakası



Cardiac valvular dysplasia (CVD) affects about 3% of the population. Familial inheritance has been demonstrated as autosomal and X-linked transmission.

A 16 year-old boy was referred with the diagnosis of mass on the tricuspid valve. He was a child of consanguineous parents. He had chest pain and dyspnea on exertion. On physical examination, there was a systolic, grade II/VI murmur on the left lower part of sternum. He did not have fever, rheumatic complaints, arachnodactyly or elasticity of joints. Acute phase reactants were within normal limits.

Electrocardiography and chest X-ray were normal. Echocardiography revealed thick myxomatous transformation and prolapse of tricuspid valve (Fig. 1. Video 1. See corresponding video/movie images at www.anakarder.com), prolapse of aortic (Fig. 2), pulmonary (Fig. 3) and mitral valves (Fig. 4). There were moderate regurgitation of aortic, mitral and tricuspid valves and mild regurgitation of the pulmonary valve. Rare supraventricular ectopia was revealed on 24-hour Holter monitoring.

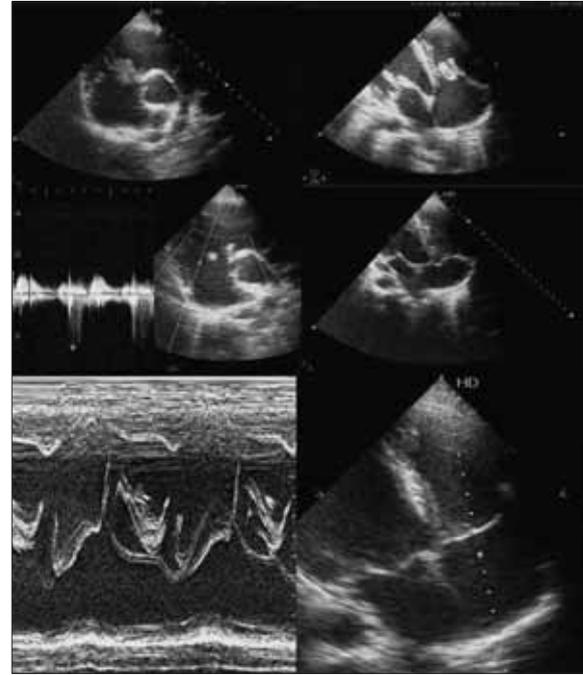


Figure 1. Four-chamber, parasternal short-axis, and M-mode transthoracic echocardiographic views of myxomatous structure and prolapse of tricuspid valve. The continuous wave Doppler examination shows mild tricuspid regurgitation

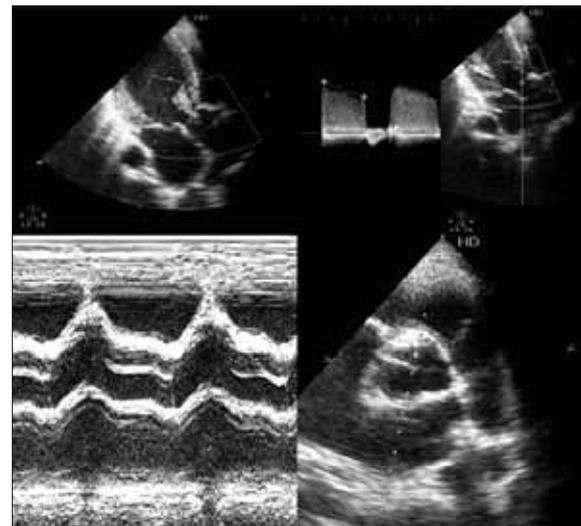


Figure 2. Four-chamber, parasternal short-axis, and M-mode transthoracic echocardiographic views of thickened aortic valve with mild prolapse and continuous wave Doppler recording of mild aortic regurgitation

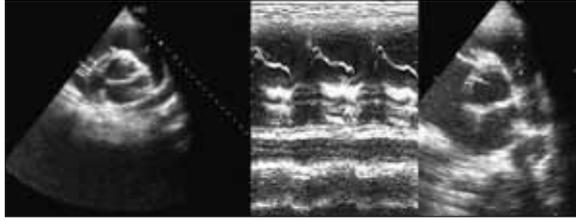


Figure 3. Parasternal short-axis and M-mode transthoracic echocardiographic views of the pulmonary valve prolapse

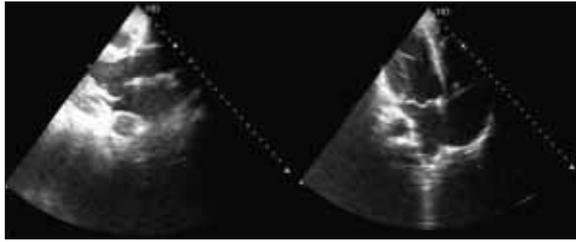


Figure 4. Four-chamber, parasternal short-axis, and M-mode transthoracic echocardiographic views of mitral valve prolapse

Ocular examination was normal. The echocardiographic evaluations of the father and the brothers of the patients were normal.

Cardiac valvular dysplasia is seen as thickening and prolapse of cardiac valves. Aortic, mitral and tricuspid valves are mostly affected. There is no effective treatment to prevent the progressive alteration of the valves and follow-up is limited to prevention of complications, which include endocarditis. Periodic evaluation of the severity of the valvular defects until surgery is required.

When a patient is referred with a mass lesion on a valve, infective endocarditis or a benign or malign mass should be ruled out. Cardiac valvular dysplasia is an entity to be considered when there is a mass like myxomatous appearances of the valves or prolapse of more than one valve.

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