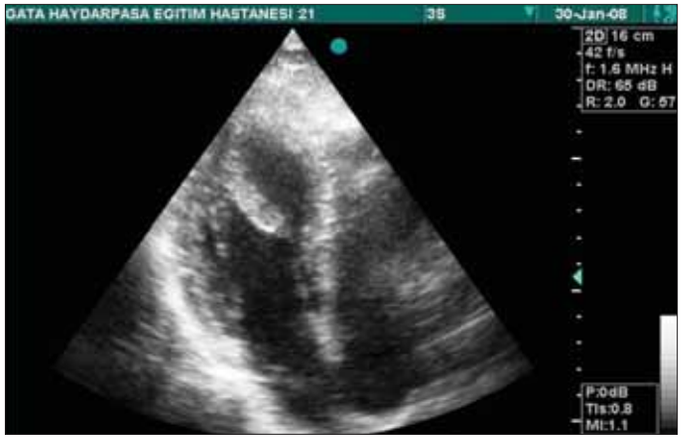

Figure 2. Two-dimensional echocardiographic apical 4-chamber view of the left ventricle with hypertrophic papillary muscle (dimension 25x12 mm)

muscle hypertrophy, which had been defined as diameter of at least one papillary muscle more than 1.1 cm. It is suggested that this entity is a subtype of hypertrophic cardiomyopathy.

Given the fact that the papillary muscles are frequently neglected during echocardiographic examinations, we recommend examining the papillary muscle diameter in all patients with electrocardiographic repolarization abnormalities.

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Çevrimiçi Yayın Tarihi/Available Online Date: 10.11.2010

doi:10.5152/akd.2010.177

A case of Ebstein anomaly and biventricular noncompaction

Ebstein anomalisi ve biventriküler "noncompaction" olgusu

Ebstein anomaly and noncompaction affecting both ventricles are very rarely seen together in adults. A 21 years old male patient was referred to our center from a regional hospital, because of a systolic murmur determined during physical examination. We found Ebstein anomaly, moderate tricuspid regurgitation and hyper-trabeculation of both ventricular apexes with blood flow among the recesses during transthoracic echocardiographic examination (Philips I33) (Fig. 1 and Video 1. See corresponding video/movie images at www.anakarder.com). Interestingly, parasternal and apical views suggested a papillary muscle anomaly not confirmed on two-dimensional transthoracic echocardiography. We used three-dimensional transthoracic echocardiography (Philips I33, X3-1 probe), which revealed a very prominent two-headed posteromedial papillary muscle, a rudimentary anterolateral papillary

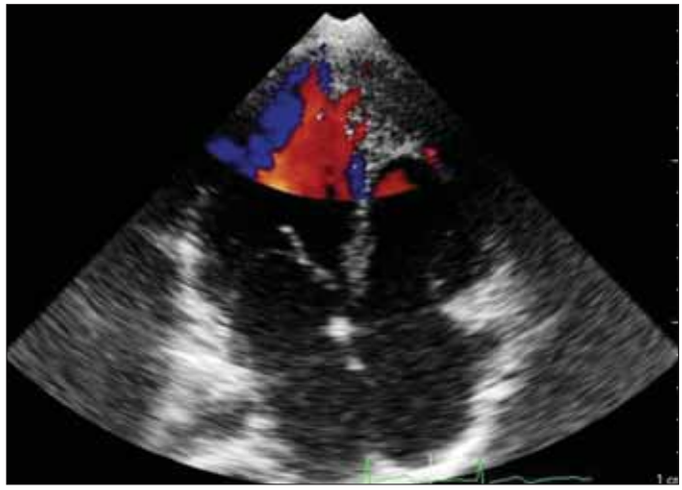

Figure 1. Two-dimensional echocardiography view of blood flow between the recesses

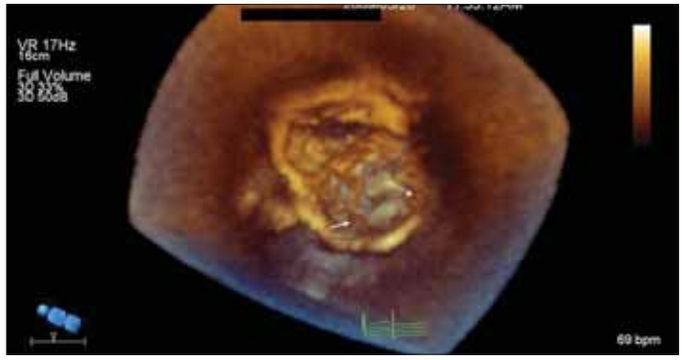

Figure 2. Three-dimensional echocardiographic view of a prominent posteromedial papillary muscle (solid arrow) and a rudimentary anterolateral papillary muscle (dash arrow)

muscle and thick false tendon crossing the left ventricle from interventricular septum to posteromedial wall (Fig. 2, Video 2, 3. See corresponding video/movie images at www.anakarder.com). The patient was advised about possible surgical intervention in an experienced center. We also started medical therapy including warfarin.

The association of two rare cardiac disorders, Ebstein anomaly and left ventricular noncompaction, has been reported previously. However, biventricular involvement as in our case has only been reported in a family. Although we had no chance to evaluate the patient's family, our case report is also highlight the diagnostic importance of echocardiography in this very rare association without using other modalities.

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Çevrimiçi Yayın Tarihi/Available Online Date: 10.11.2010

doi:10.5152/akd.2010.178