

DIAGNOSTIC DILEMMAS

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Section Editor

Novel Presentation of Flail Mitral Valve

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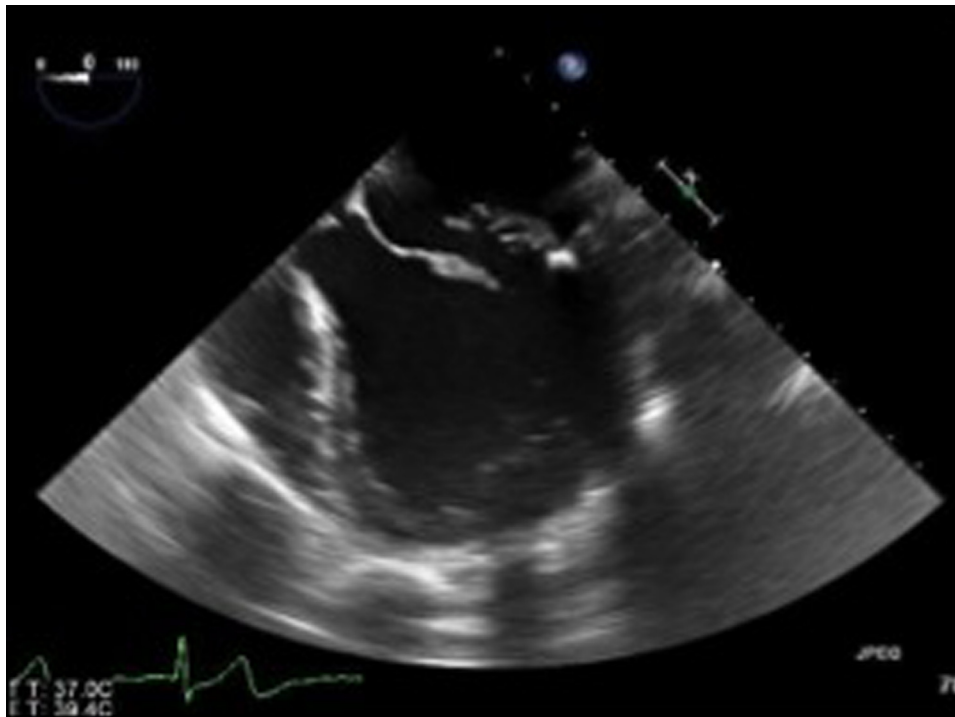


Fig 1. Five-chamber 2-dimensional transesophageal echocardiogram showing a thickened and prolapsed P2 segment.

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1053-0770/2602-0033\$36.00/0

<http://dx.doi.org/10.1053/j.jvca.2015.04.029>

Key words: posterior leaflet prolapse, posterior flail leaflet, Carpentier classification of mitral pathology, mitral regurgitation, transesophageal echocardiography, 3-dimensional echocardiography

A 64-YEAR-OLD man with a history of mitral regurgitation presented for mitral valve replacement. The patient was diagnosed with mild mitral regurgitation in 1987 and was followed conservatively. In 2011, he reported easy fatigability, intermittent shortness of breath while climbing one flight of stairs, and palpitations. A month prior to surgery, he was coughing frothy sputum and had leg edema. Preoperative echocardiogram showed severe mitral regurgitation, a moderately dilated left ventricle with good function, and a severely dilated left atrium. His coronary catheterization showed normal coronary arteries. The intraoperative transesophageal echocardiographic (TEE) examination of the mitral valve is depicted in Figures 1 and 2. What is the diagnosis?

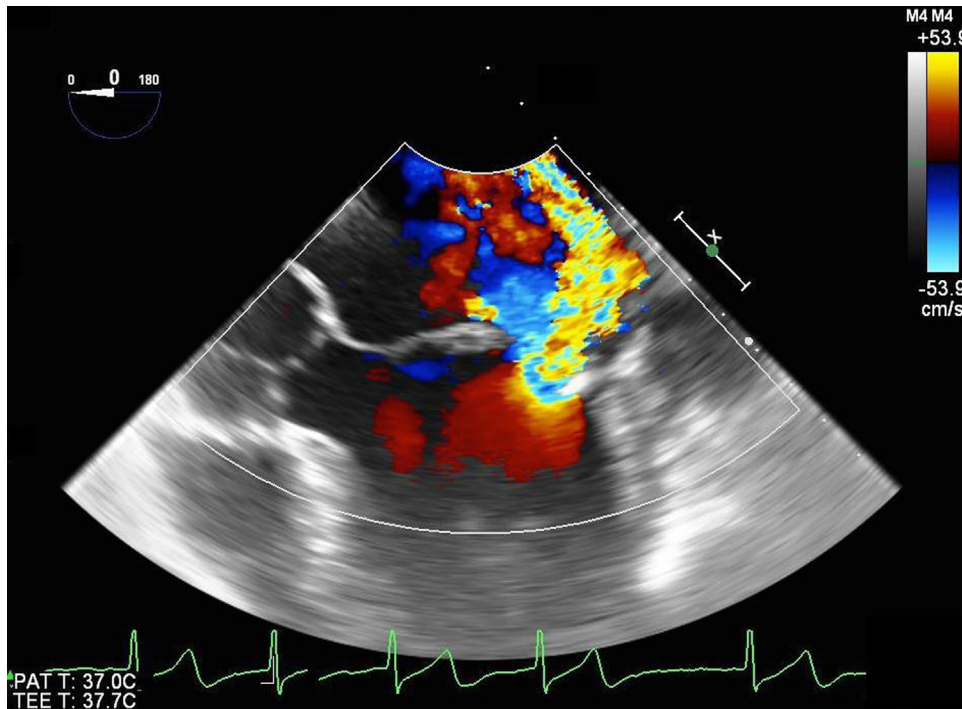


Fig 2. A midesophageal 5-chamber TEE view with color flow Doppler showing mitral valve pathology that resulted in a posteriorly directed regurgitation jet.

DIAGNOSIS: POSTERIOR MITRAL VALVE FLAIL WITH A POSTERIORLY DIRECTED JET

Figure 1 is a midesophageal 5-chamber view that demonstrates a moderately-to-severely thickened flail P2 mitral valve

segment and ruptured P2 primary and secondary cords at the beginning of systole. Figure 2 is a midesophageal 5-chamber view depicting an end-systolic, eccentric, posteriorly directed jet. This case demonstrates a diagnostic dilemma. The literature has shown that prolapsed posterior mitral valve leaflets have

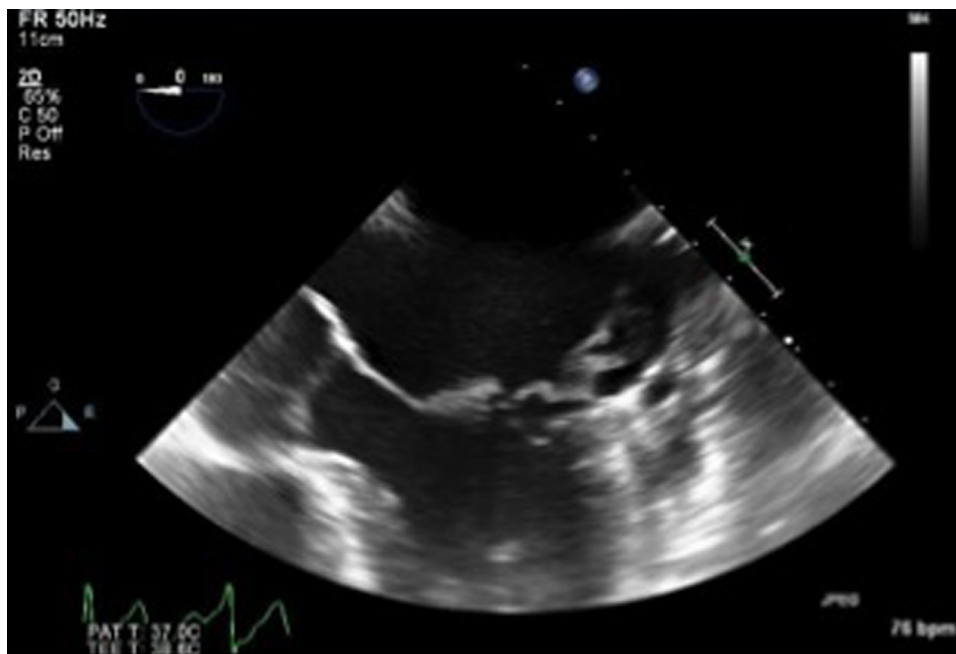


Fig 3. Midesophageal 5-chamber TEE view showing a thickened posterior leaflet flexed backwards at a hinge point displaced towards the posterior atrial wall in end-systole.

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