

4 chamber view





58 yrs, male
Admitted with ACS
No infarct
No cardiac murmur

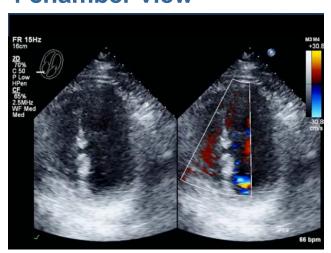
Normal LV, RV size and systolic function

No abnormal flow in the RV

3

4 chamber view

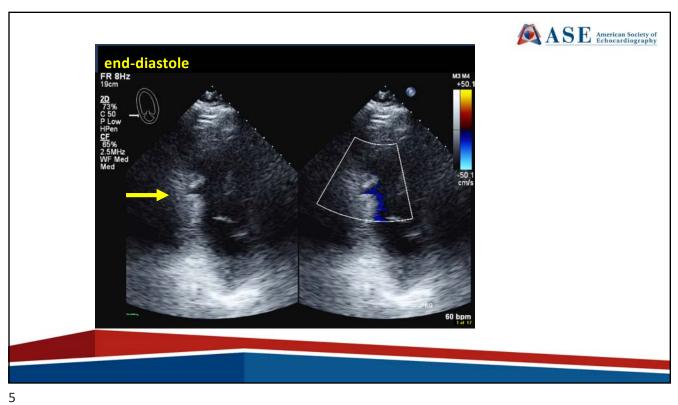


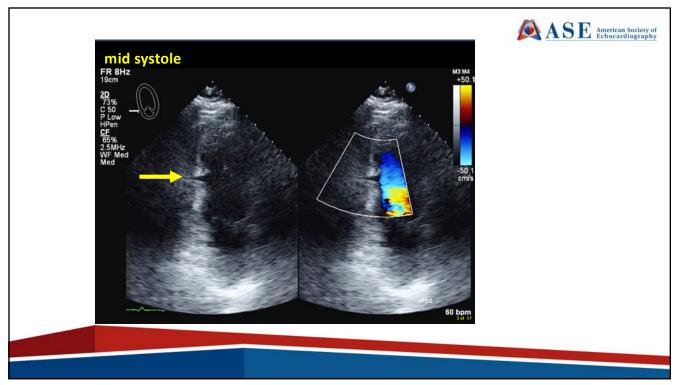


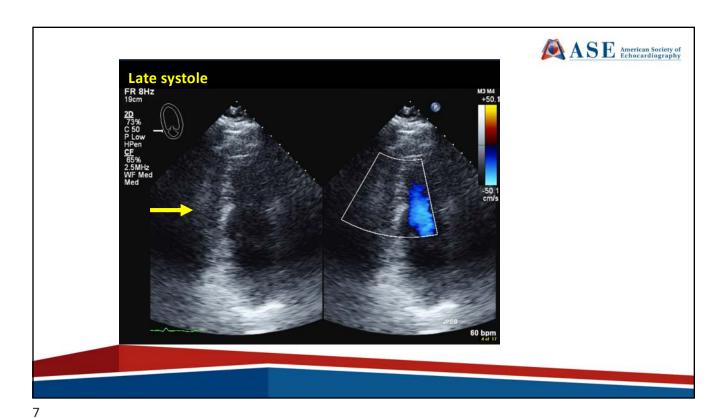
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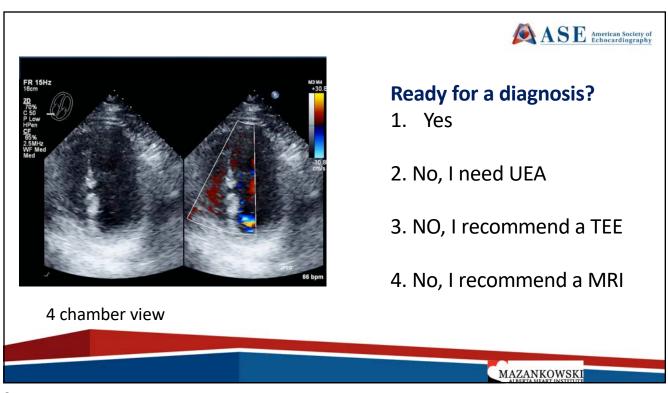
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No abnormal flow in the RV

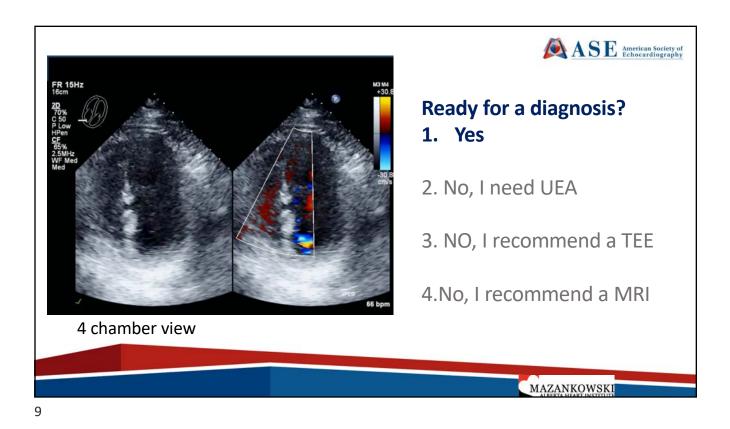
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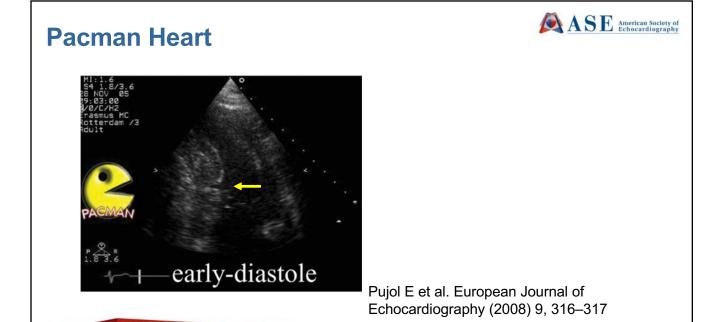






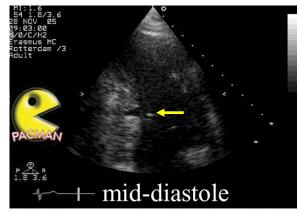






Pacman Heart



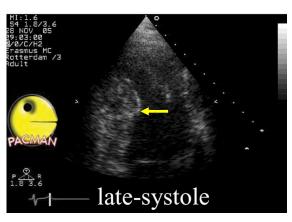


Pujol E et al. European Journal of Echocardiography (2008) 9, 316–317

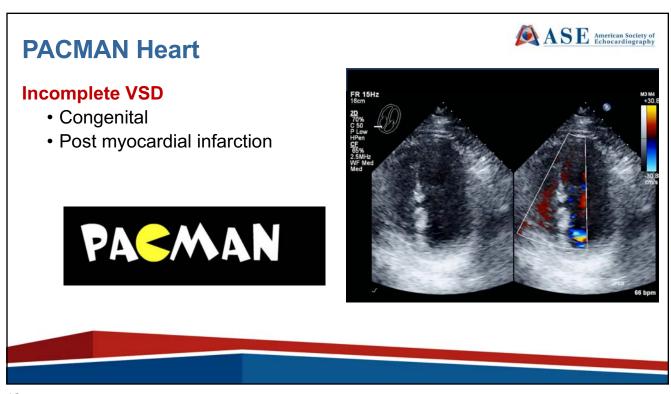
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Pacman Heart

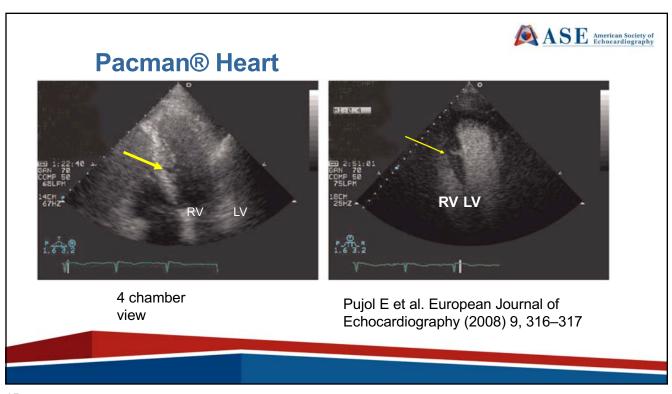


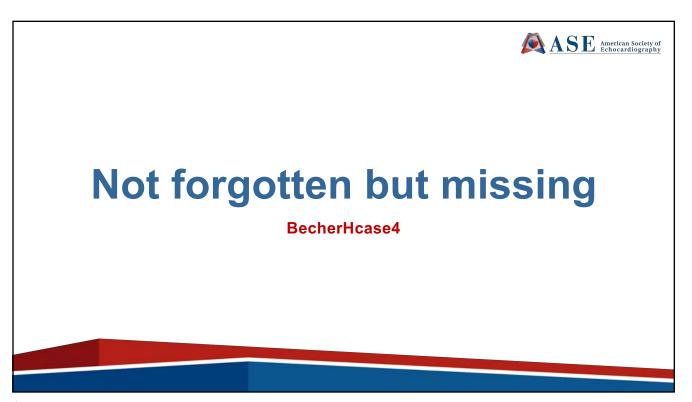


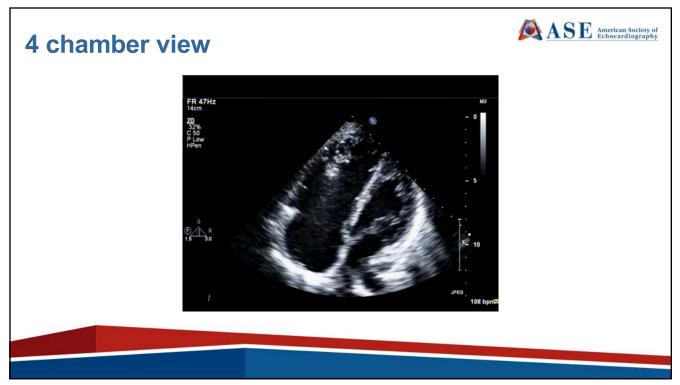
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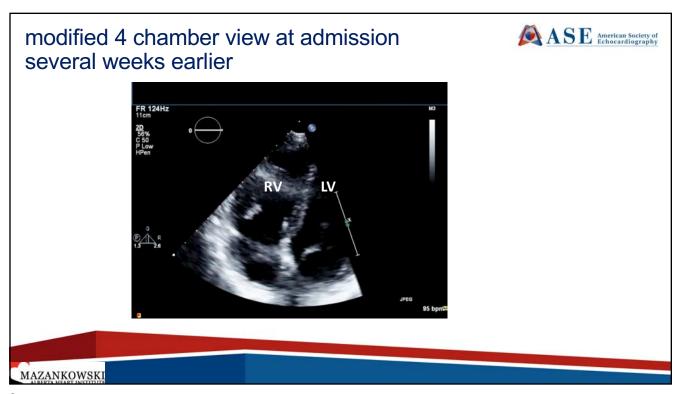


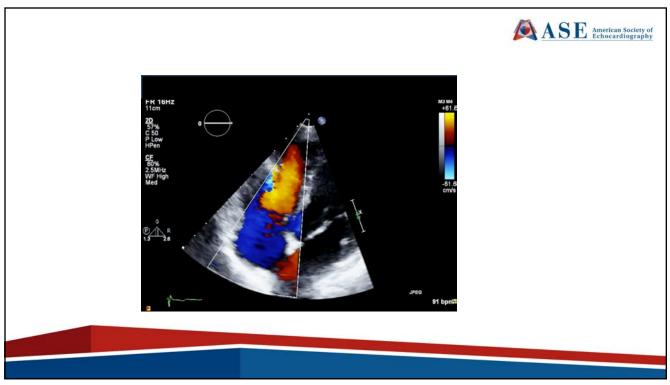




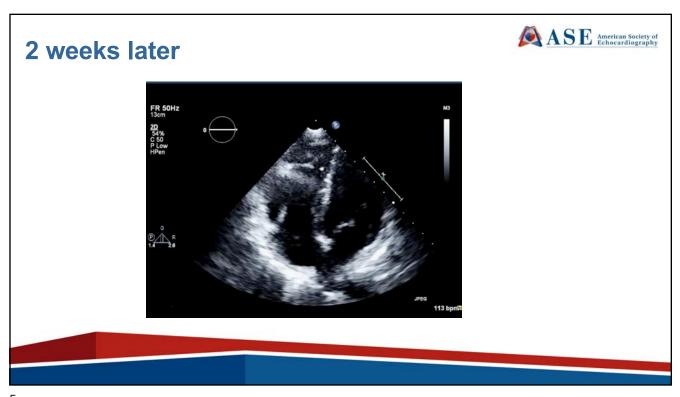


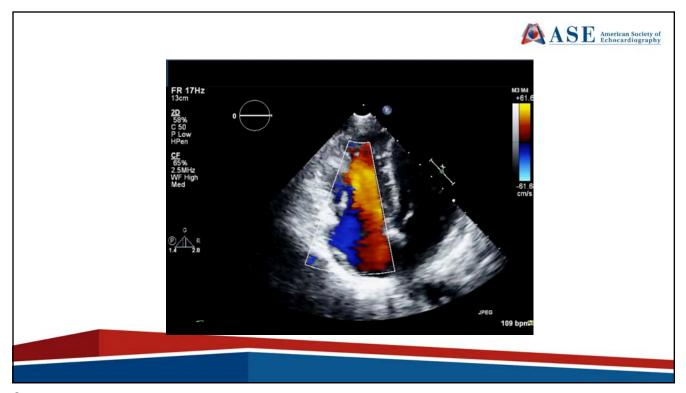


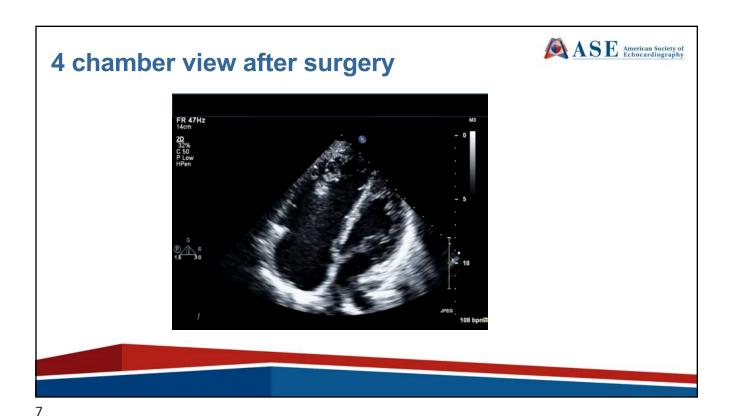




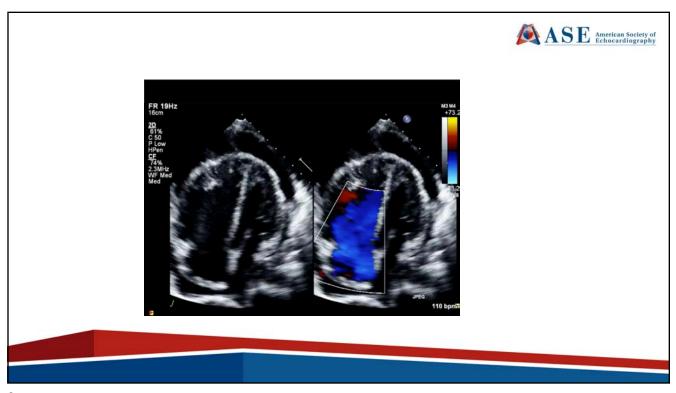
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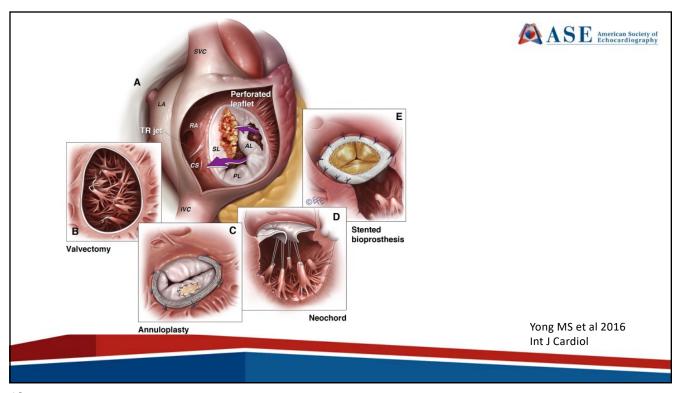






FR 19Hz
13cm
25-4%
C 5 Go of Section 1 108 bpms
108 bpms







Tricuspid Valvectomy

High risk of reinfection

Concerns regarding medication compliance

Active IV drug users

ESG guidelines recommend valvectomy only in extreme cases followed by valve replacement once the infection has been cured

MAZANKOWSKI