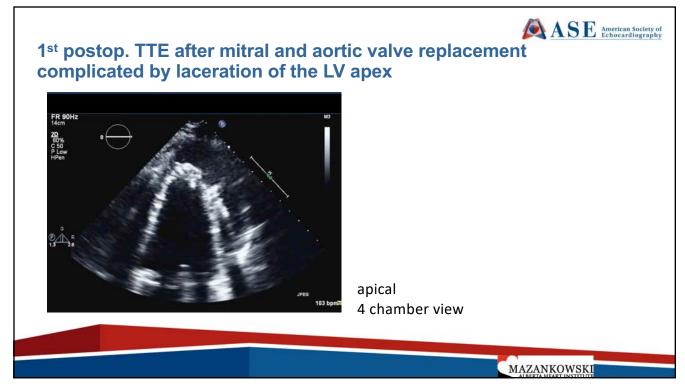
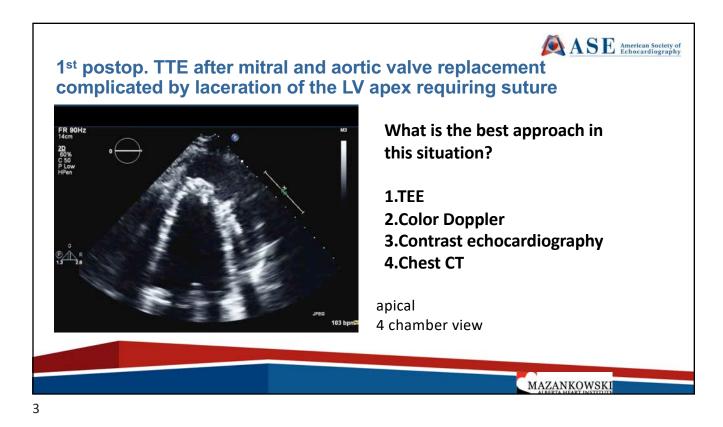


Unusual Course after Double Valve Replacement

BecherH case 1

1



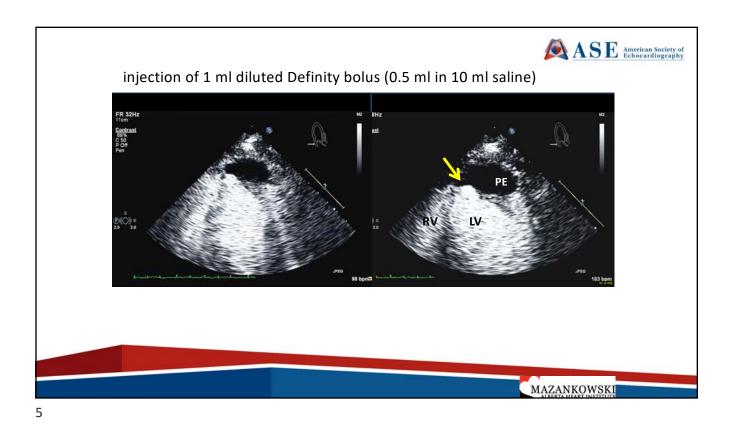


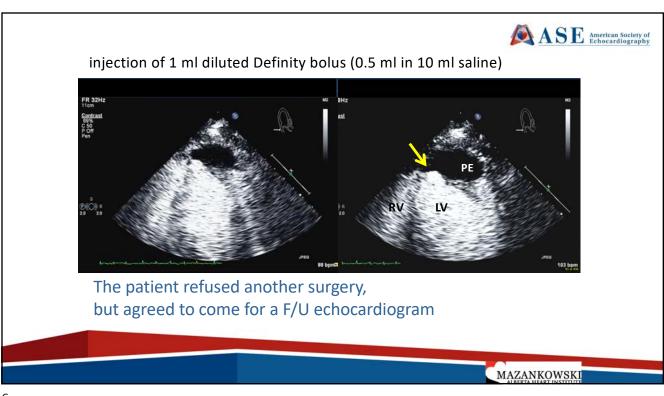
1st postop. TTE after mitral and aortic valve replacement complicated by laceration of the LV apex requiring suture

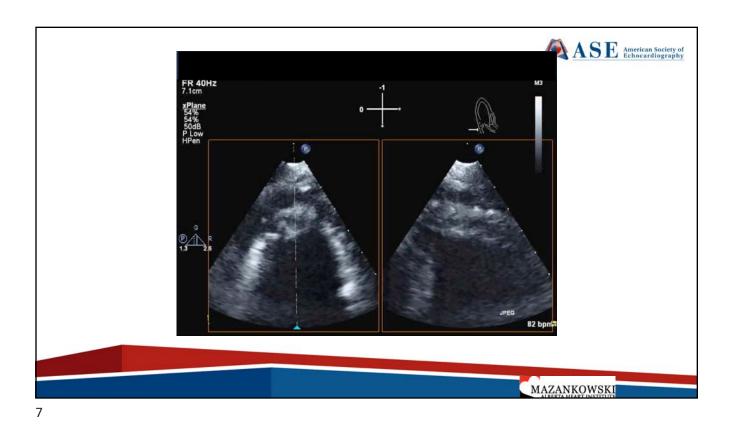
What is the best approach in this situation?

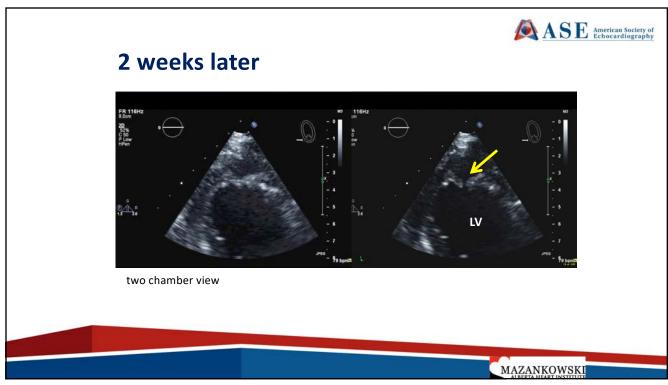
1.TEE
2.Color Doppler
3.Contrast echocardiography
4.Chest CT

apical
4 chamber view

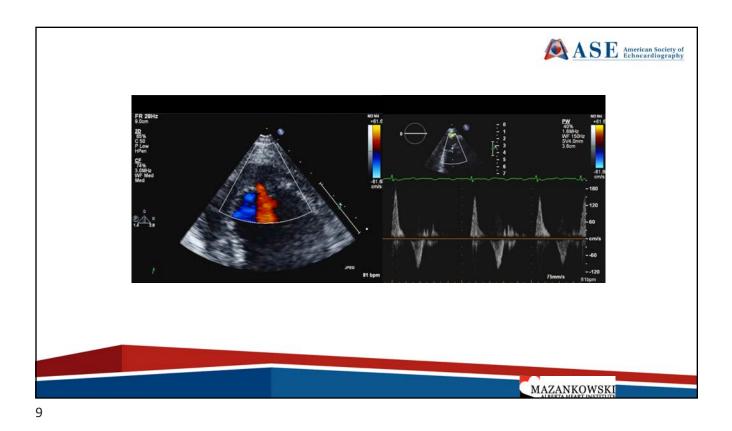


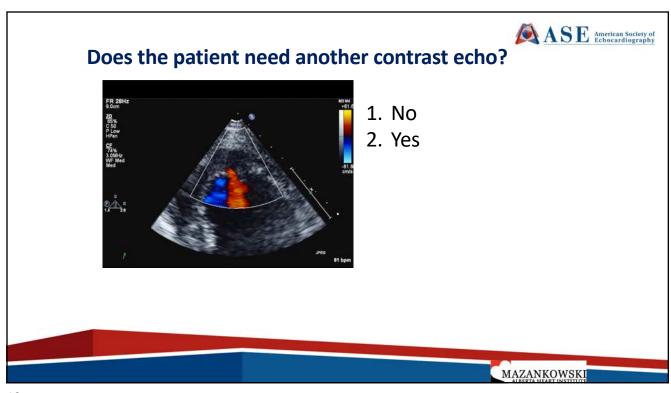


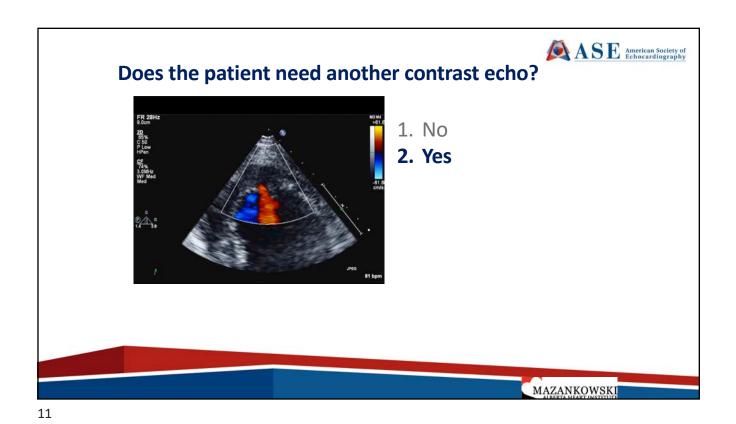




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FR 37Hz
13cm

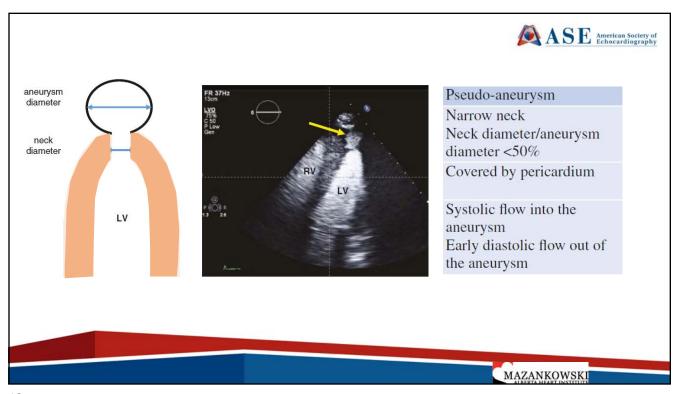
M3

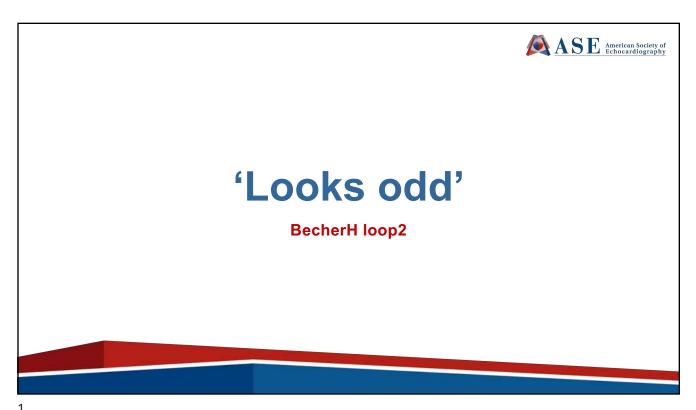
VO
Gen

P () R
13 28

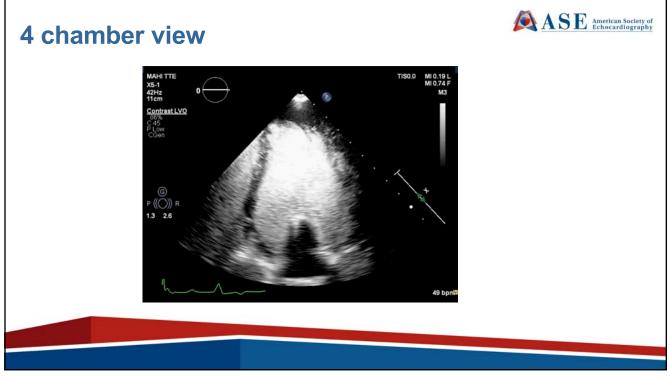
12

MAZANKOWSKI





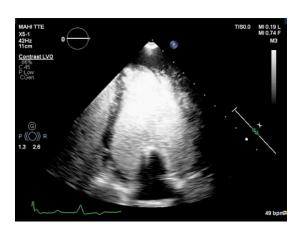
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What do you see?

ASE American Society of Echocardiography

- 1. prolapsing calcified LA thrombus
- 2. Tumour of the mitral valve
- 3. Myxoma prolapsing into LV
- 4. Something else

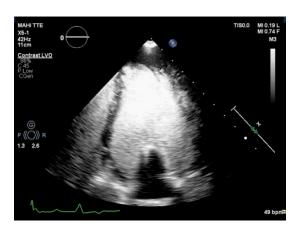


3

What do you see?



- 1. Prolapsing calcified LA thrombus
- 2. Tumour of the mitral valve
- 3. Myxoma prolapsing into LV
- 4. Something else



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