# A Potpourri of fascinating cases to learn from


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TEXAS HEART® INSTITUTE

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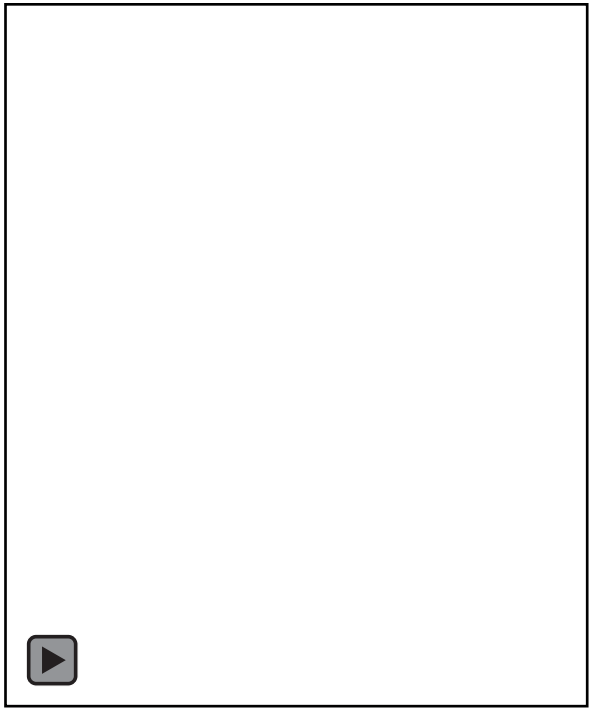
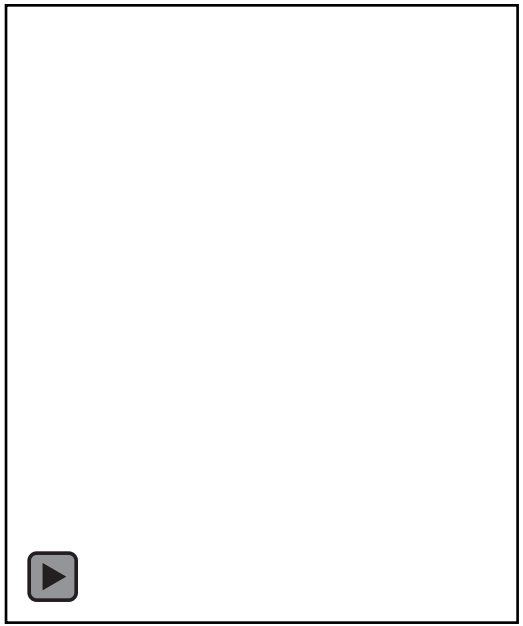
Disclosures: *None*

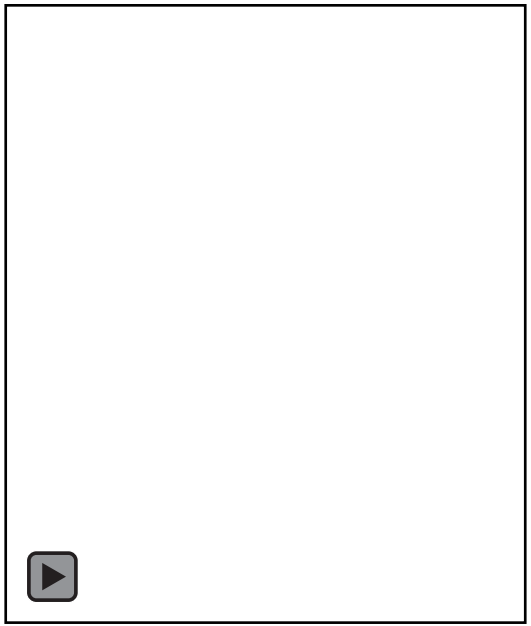
# Case A



36 yr asymptomatic female –
echo indication unclear.
unchanged from exam 2 yrs earlier reporting mild-to-moderate TR, otherwise normal exam.

# Case A





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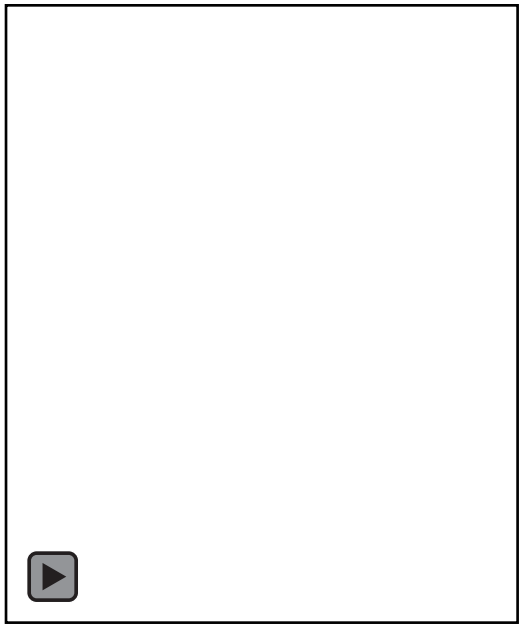
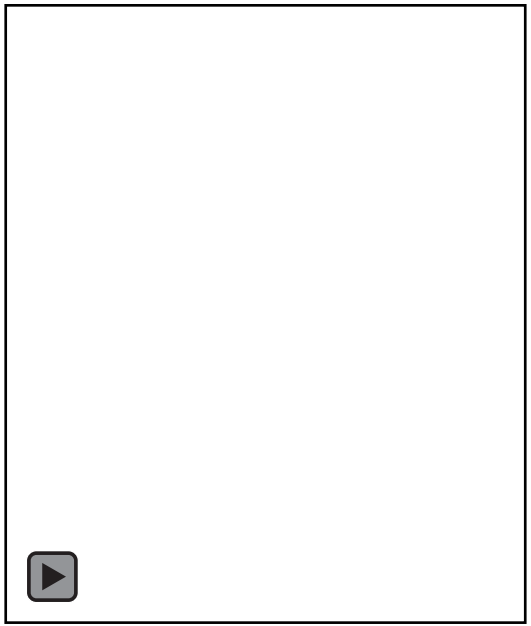




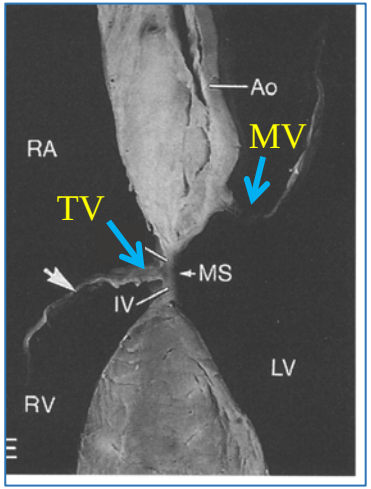
Clue: TR jet originates significantly above the TV annulus (within the RV)

**mild Ebstein's anomaly of the tricuspid valve**

# Case A

Normal 4 chamber view
TV insertion is slightly apically displaced relative to MV insertion

TV insertion relative to MV insertion (> 0.8-1.0 cm)




"Moss & Adams" 1995

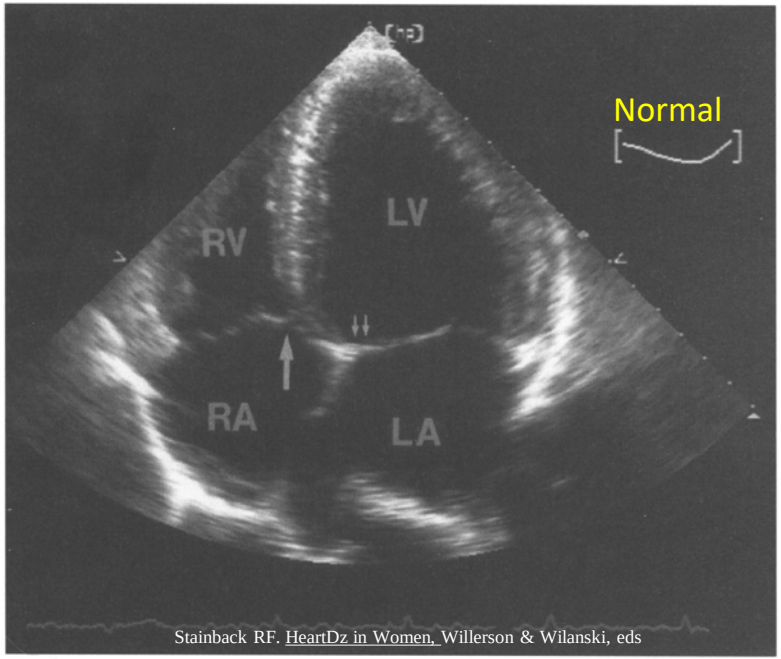
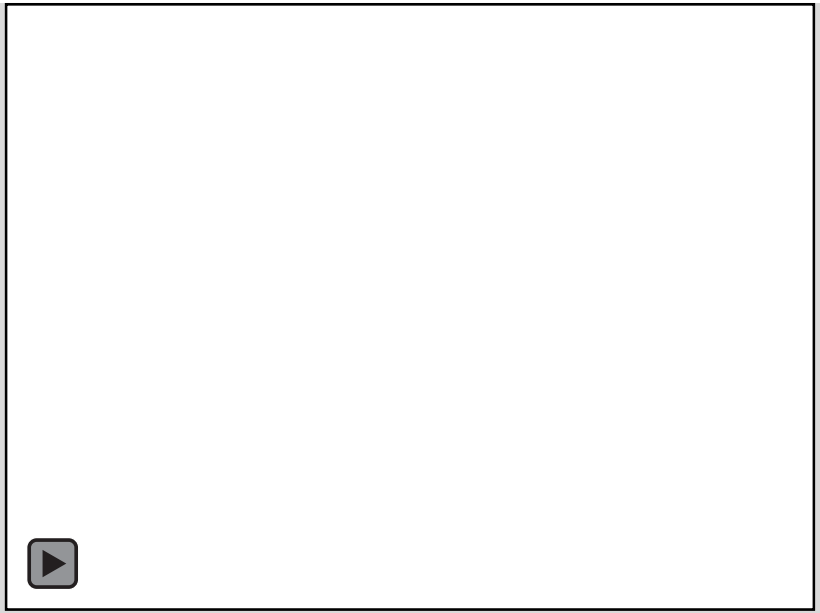


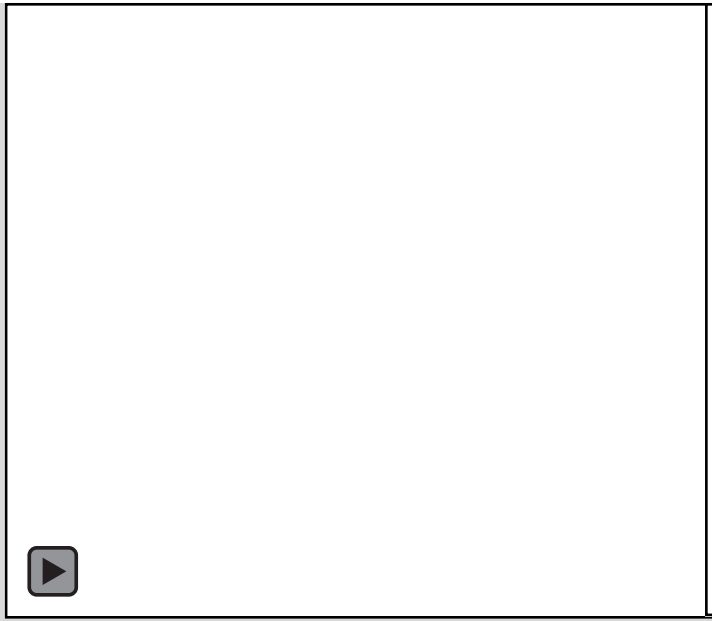

**FIGURE 14–1.** Apical four-chamber echocardiographic view in a patient

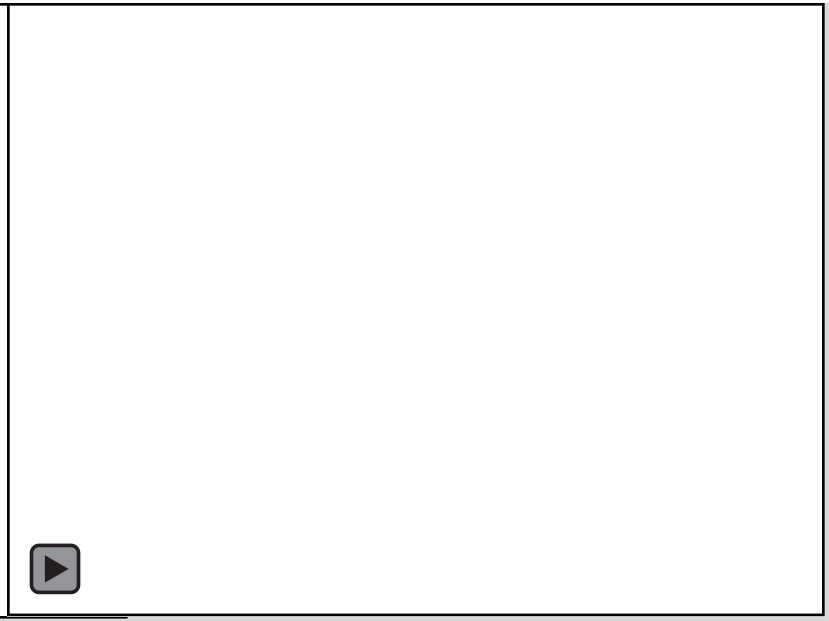
# Case B



24 yr male, history of multiple cutaneous neurofribromas, recent stroke (TEE: RA, RV)

# Case B





24 yr male, history of multiple cutaneous neurofribromas, recent stroke, multiple intra cardiac tumors

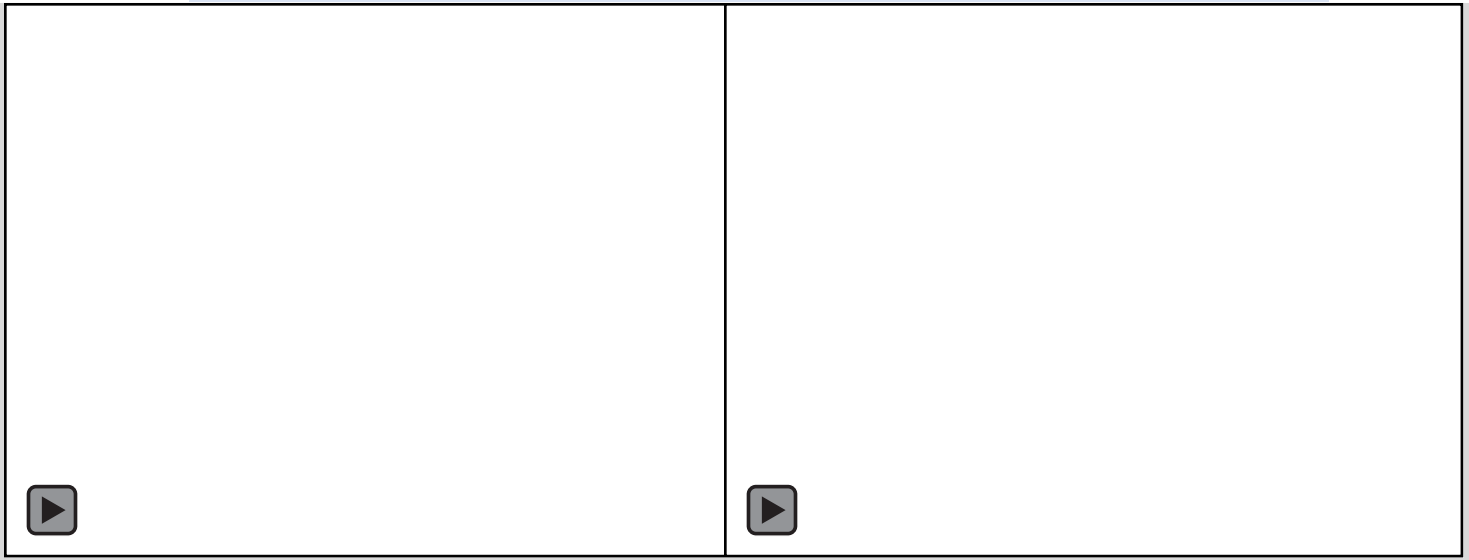
"Carney Complex" an often Missed Diagnosis - Case of Cerebrovascular Accident in a Young Patient with Atrial Myxoma and Myxoid Neurofibromas

Nkechi Mbaebie[1*] and Veeranna Vikas[2]

DOI:10.24966/CSMC-8801/100053

# Case B

## Carney Complex (7% have cardiac myxomas)

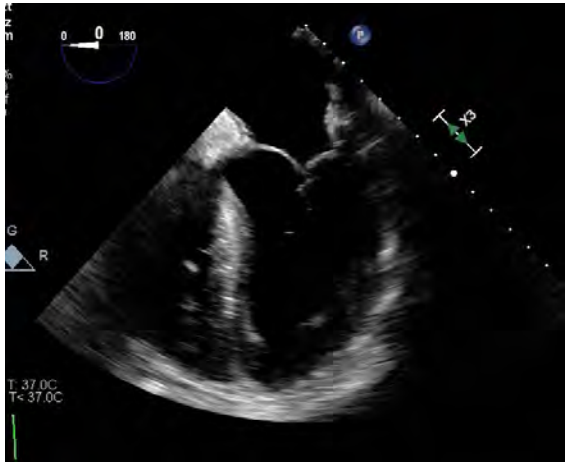


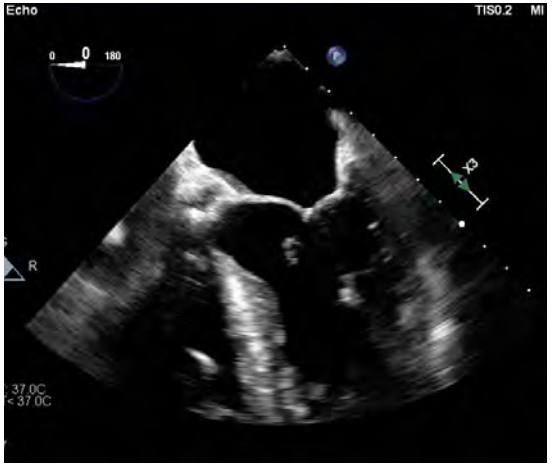
Autosomal Dominant; Myxomas (heart & skin), skin hyperpigmentatioin, Endocrine over activity.

LAMB syndrome: Lentigines, atrial myxomas, blue nevi.

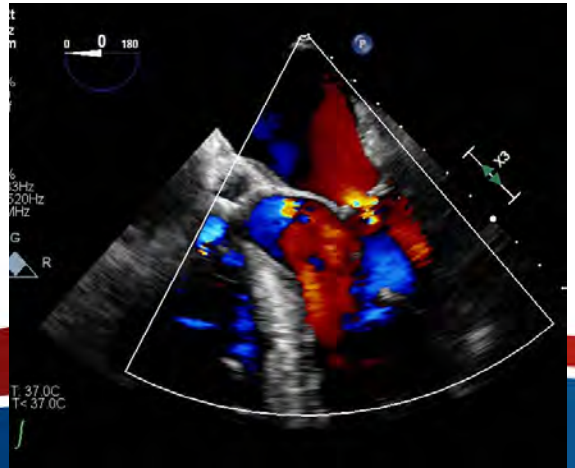
NAME syndrome: Nevi, atrial myxomas, myxoid neurofibramomas, ephelides.

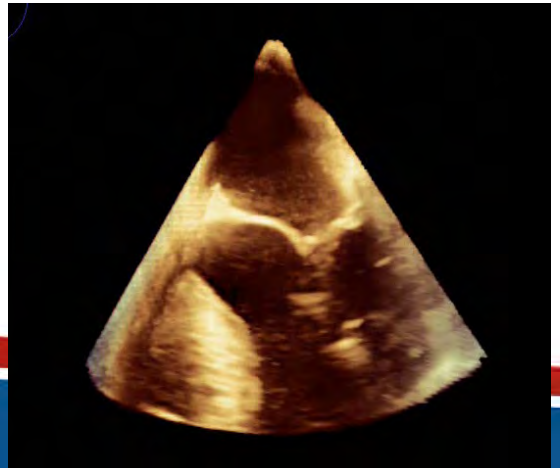
# Case C





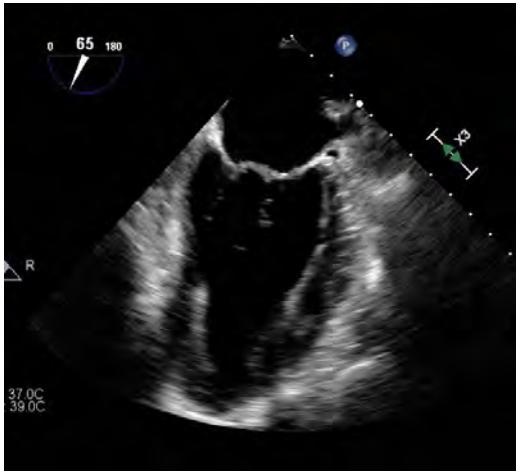


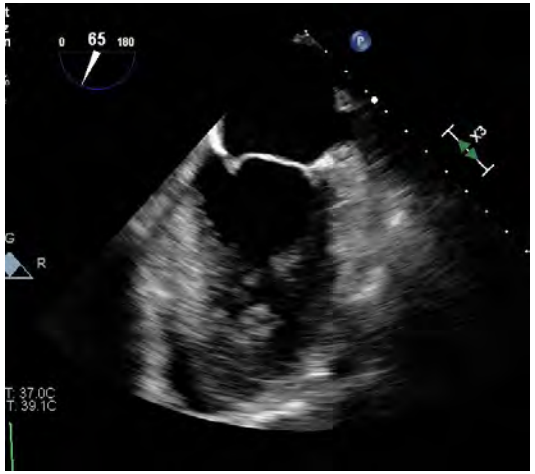


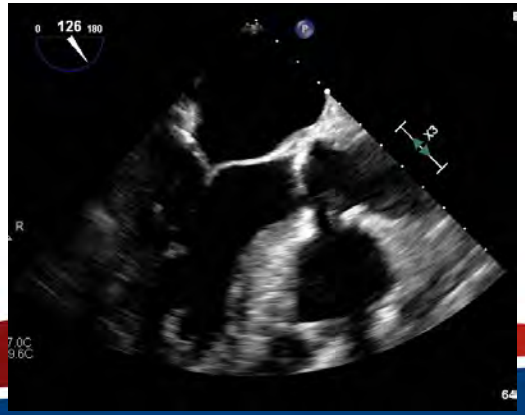


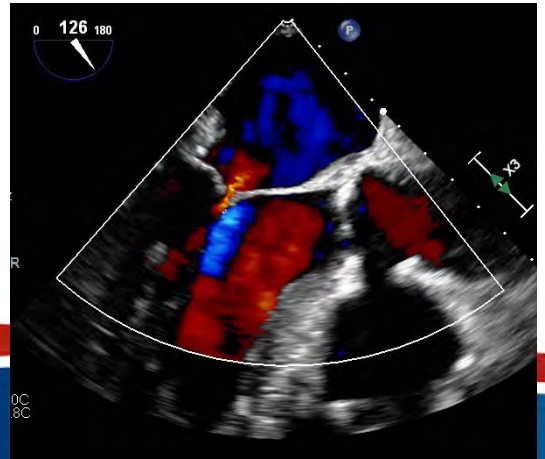
An elderly man underwent TEE evaluation to confirm aortic stenosis severity during a TAVR work up.

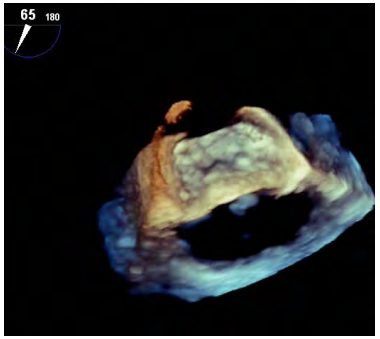
# Case C

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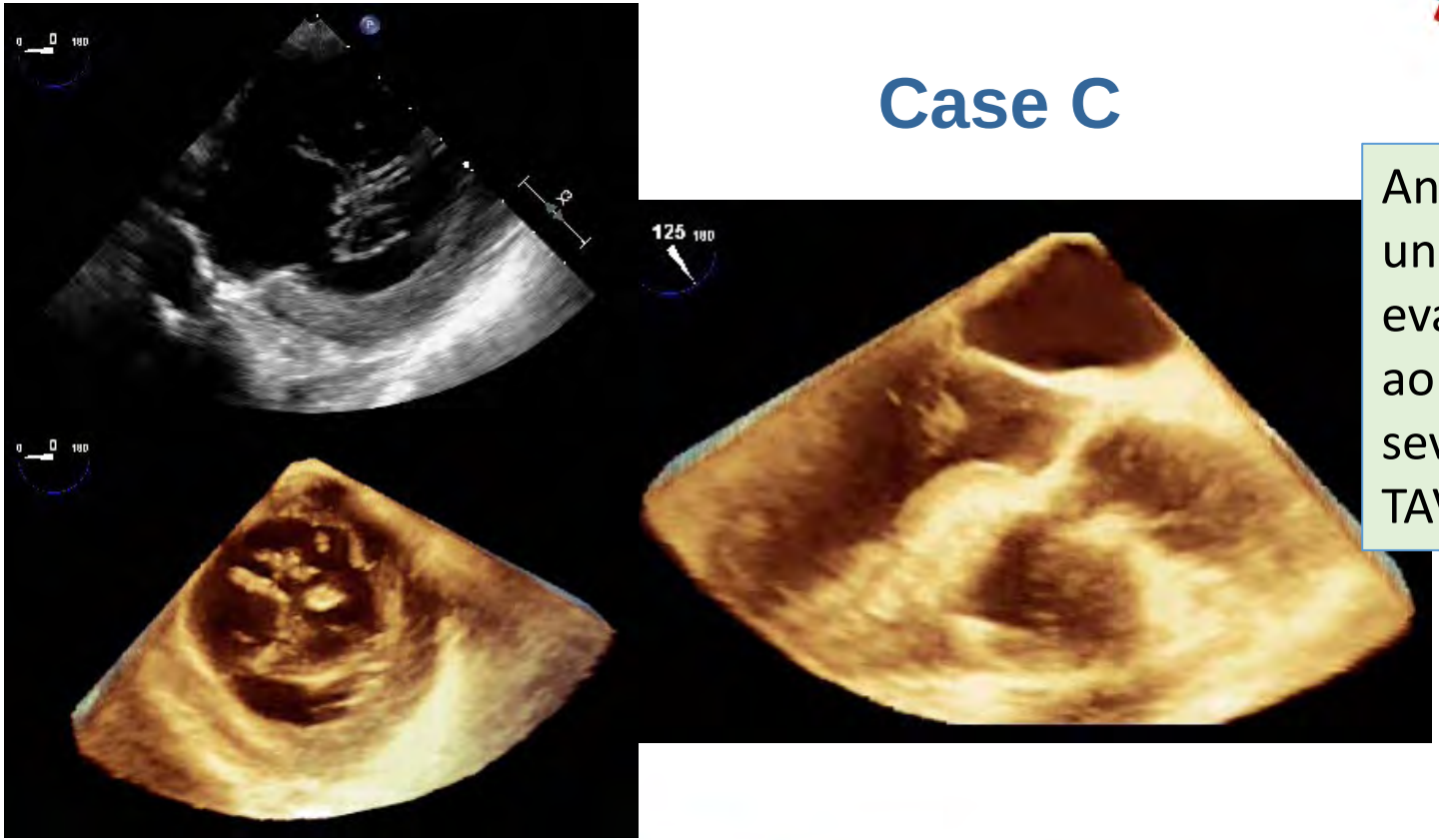


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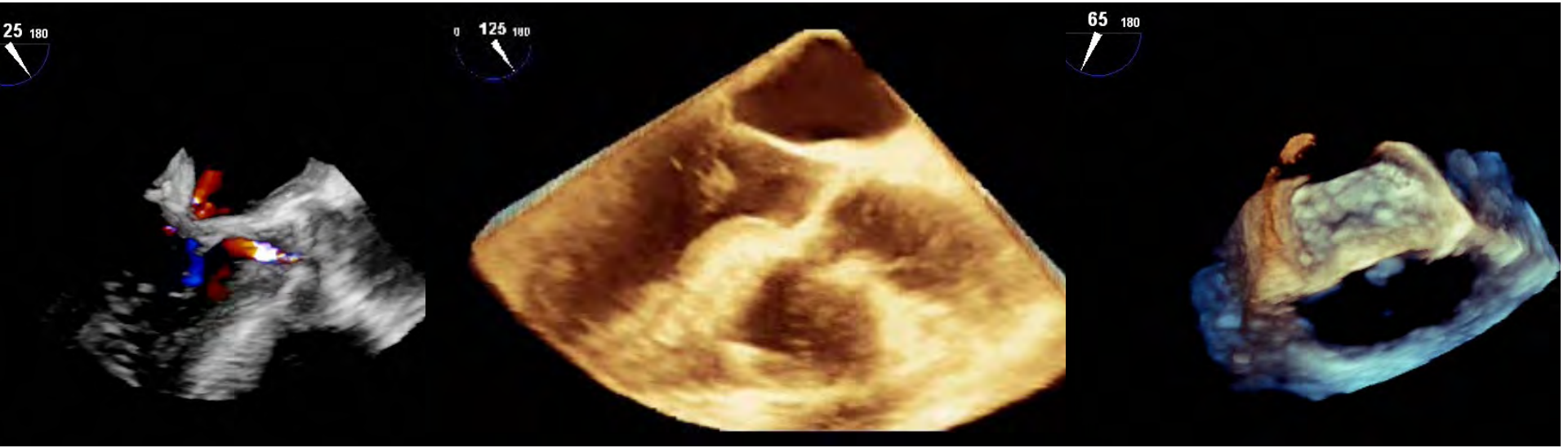

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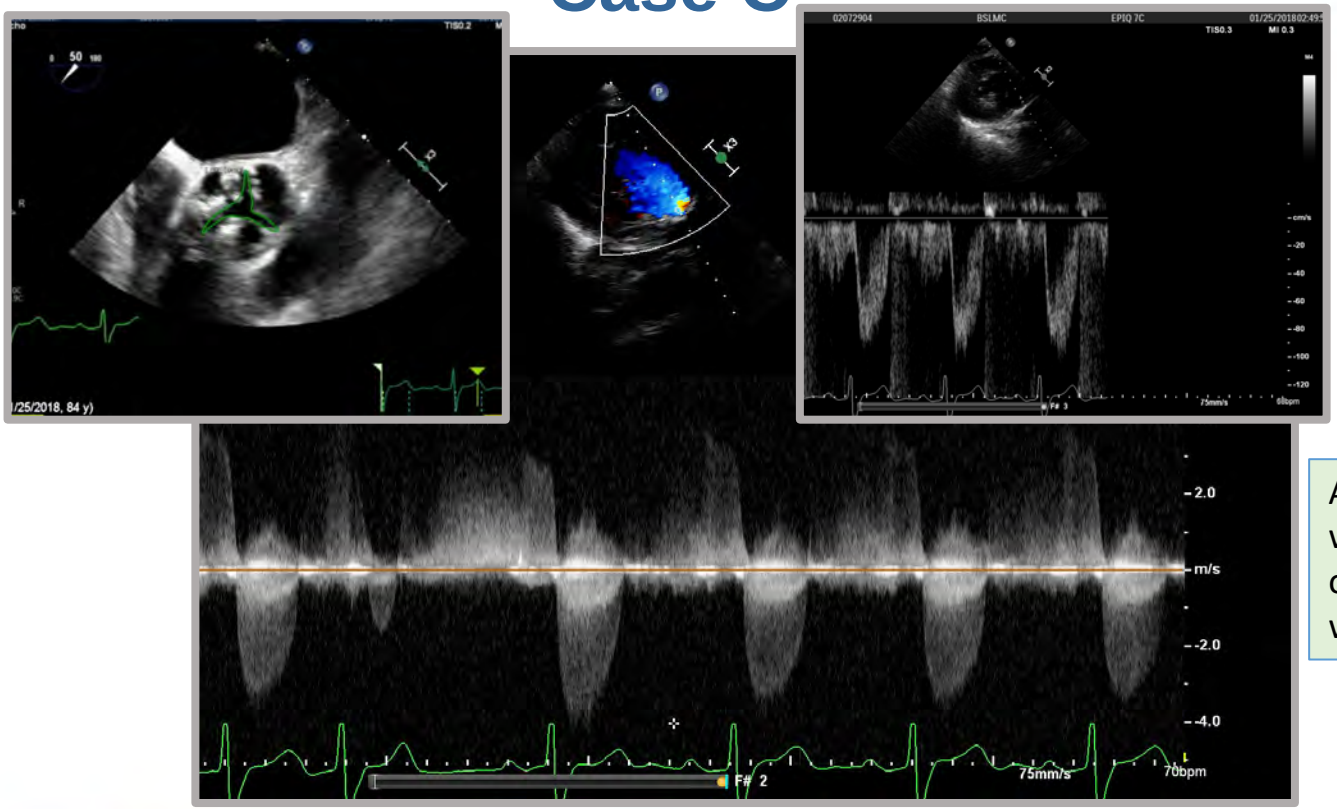
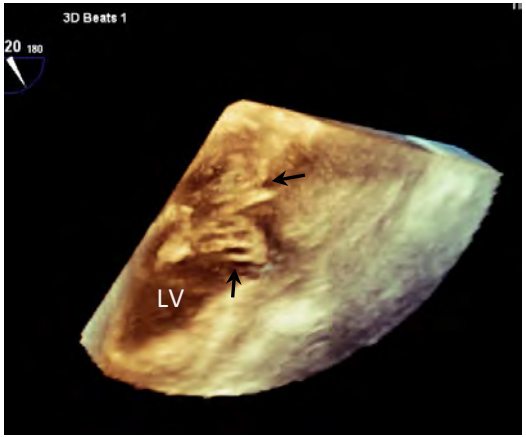
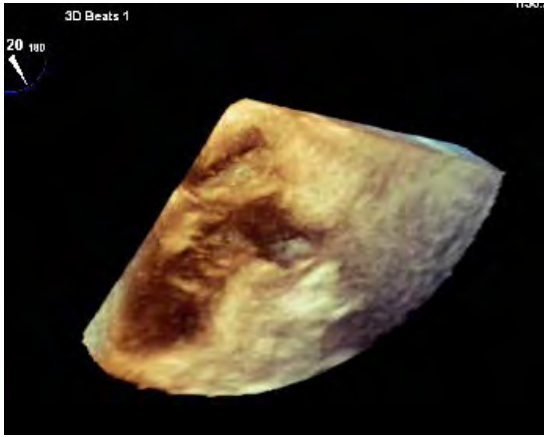


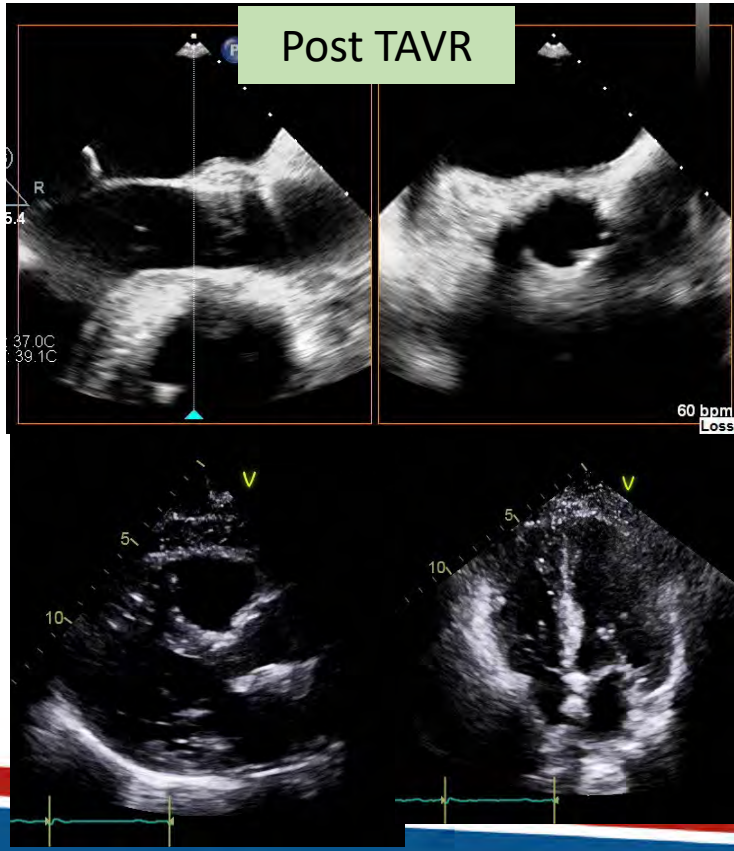

AS was severe and TAVR was performed, though operators knew not what was in the LVOT

AoV Area = .9 cm2 (planimetry); Peak / Mean gradients = 68 / 40 mm Hg; DOI < .25

# Case C



# Accessory Mitral Valve in an Adult Population: The Role of Echocardiography in Diagnosis and Management

Aleksandr Rovner, MD, Srihari Thanigaraj, MD, FASE, and Julio E. Perez, MD, FASE,
*St Louis, Missouri*

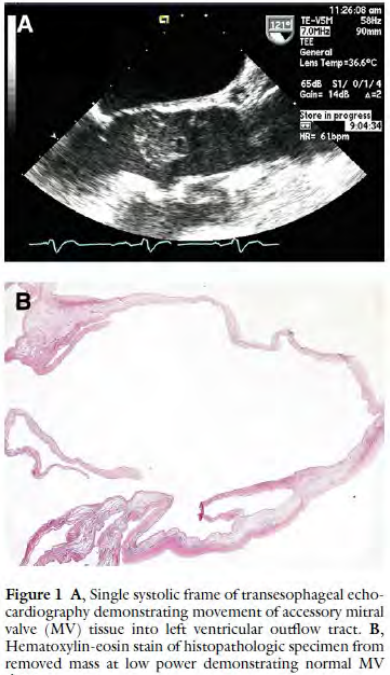



**Figure 1** **A**, Single systolic frame of transesophageal echocardiography demonstrating movement of accessory mitral valve (MV) tissue into left ventricular outflow tract. **B**, Hematoxylin-eosin stain of histopathologic specimen from removed mass at low power demonstrating normal MV tissue.

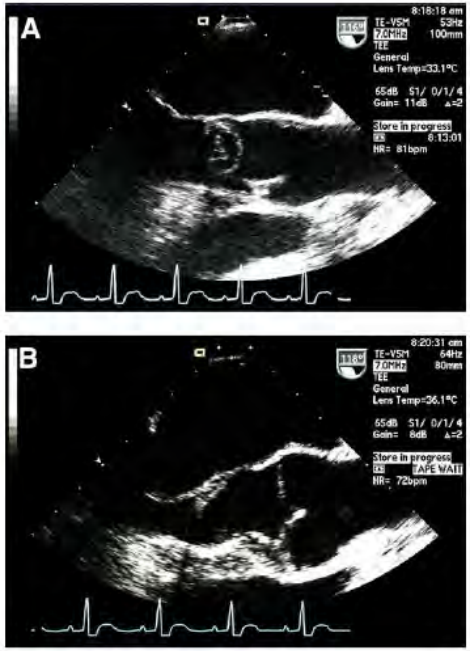
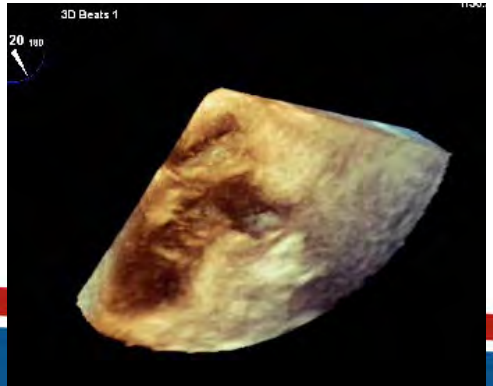




**Figure 2** **A**, Single systolic frame of transesophageal echocardiography (TEE) demonstrating movement of accessory mitral valve (AMV) tissue that is folded onto itself into left ventricular outflow tract. **B**, Single diastolic frame of TEE demonstrating AMV tissue pancaked onto anterior leaflet of mitral valve. **C**, Gross pathologic specimen of excised AMV that looks like normal mitral valve tissue.

- < 30 adult case reports in the literature
- 5 cases / 6 yrs = 1 per 26,000 echos
- Attached to chordae, 'pancaked' onto MV ant. leaflet, "attached to various MV & subvalvular apparatus"
- Same echogenicity as MV leaflet tissue

J. Am Soc Echocardiogr 2005; 18: 494-8



Tex Heart Inst J. 2008; 35(3): 324–326.

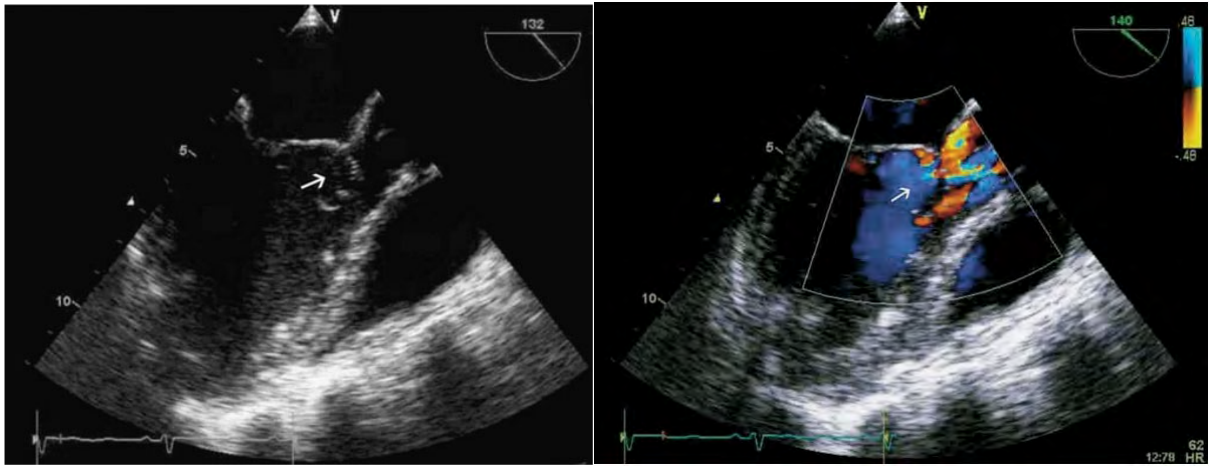
Texas Heart Institute Journal

PMCID: PMC2565538

ASE American Society of Echocardiography
Sound Saves Lives

# Accessory Mitral Valve without Left Ventricular Outflow Tract Obstruction in an Adult

Juan Carlos Rozo, MD, Dajhana Medina, MD, Cesar Guerrero, MD, Ana Maria Calderon, MD, and Andrés Mesa, MD



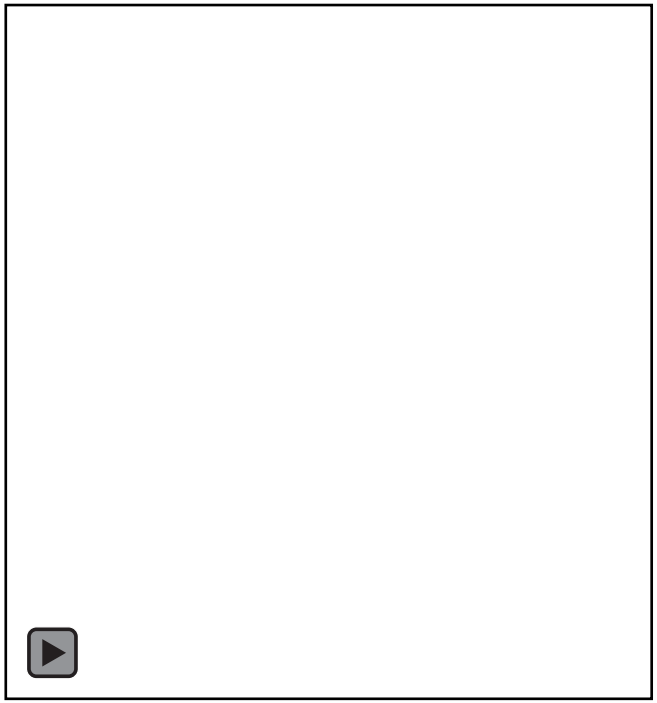

- 53 yr female – echo for systolic murmur
- TTE-> “structure” attached to MV anterior leaflet
- TEE-> mobile membrane-like structure attached to base of MV anterior leaflet.
- No LVOT obstruction
- Serial f/u echos at 3 years, patient asymptomatic, no change

Assoc. malformations: VSD, ASD, Subaortic memb, TGA

# Take home

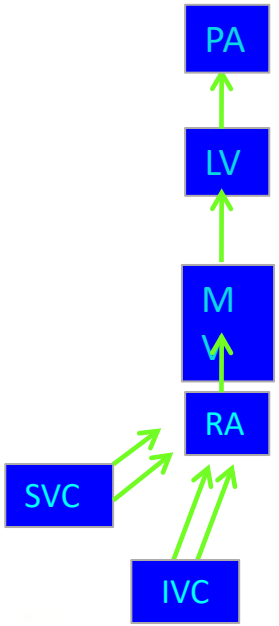
- Rare congenital anomaly (1/26,000 echos –Wash U 2005)
- Consider in ddx of LVOT obstruction
- Echo & particularly TEE (3D)
  - Can be difficult to discern on TTE
  - 3D (TEE) define confusing anatomic structure
    - Usually assoc. with MV ant. Leaflet
    - rudimentary chordae / leaflet tissue
    - May project into the LVOT
    - Parachute / balloon-like / serpiginous
  - Consider associated malformations (if any)
- Incidental – no treatment needed
- Surgical – LVOT obstruction / symptoms

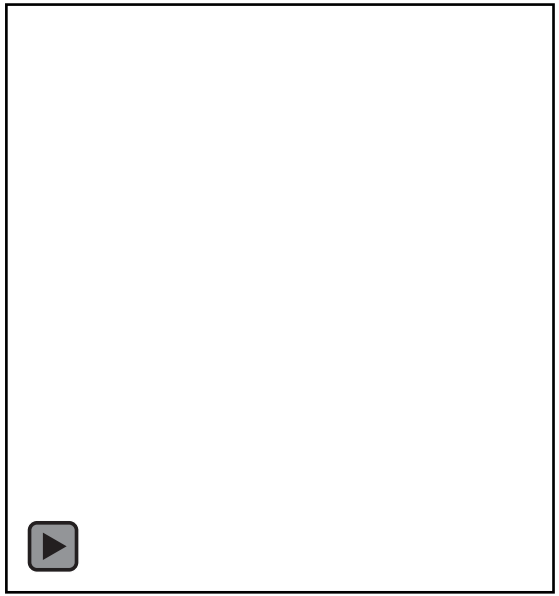
# Case D

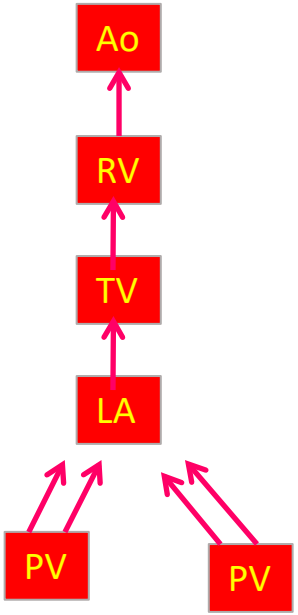


A 37 yr. female is referred for evaluation of MR severity – no symptoms

# Case D



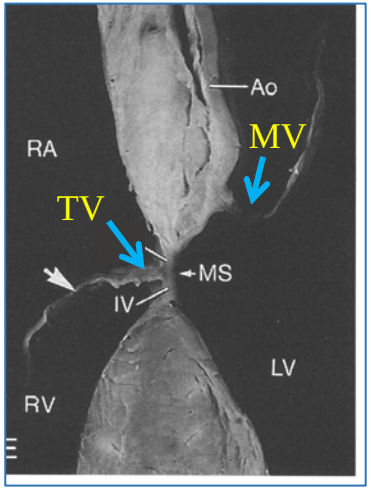





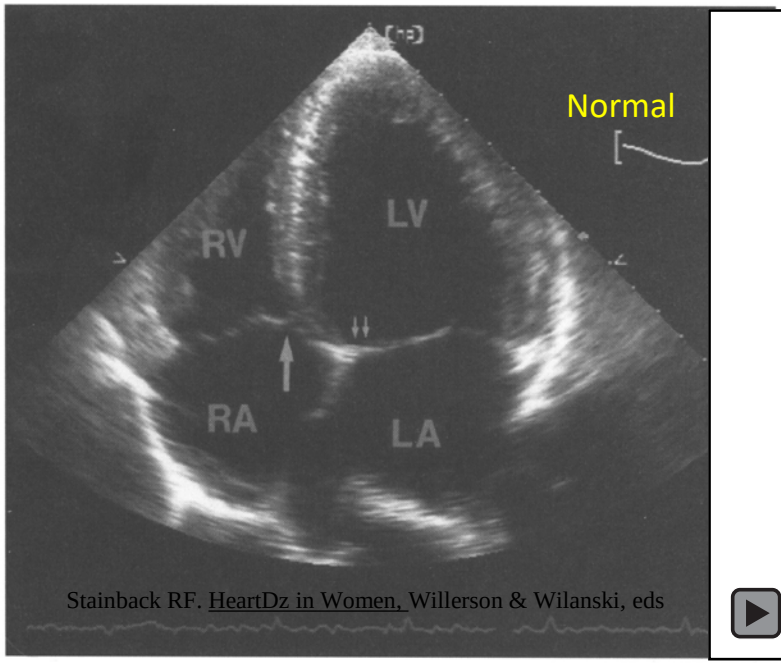

Congenitally Corrected TGA (cc-TGA)
(L-TGA)
Atrioventricular discordance
Ventriculoarterial discordance

4 chamber view
TV insertion is slightly apically displaced relative to MV insertion

# Case D




"Moss & Adams" 1995




Stainback RF. HeartDz in Women, Willerson & Wilanski, eds

**FIGURE 14–1.** Apical four-chamber echocardiographic view in a patient

# Case B