Subvalvular pulmonary stenosis, right ventricular hypertrophy and patent foramen ovale

Kapak seviyesi altında pulmoner darlık, sağ ventrikül hipertrofisi ve foramen ovale açıklığı

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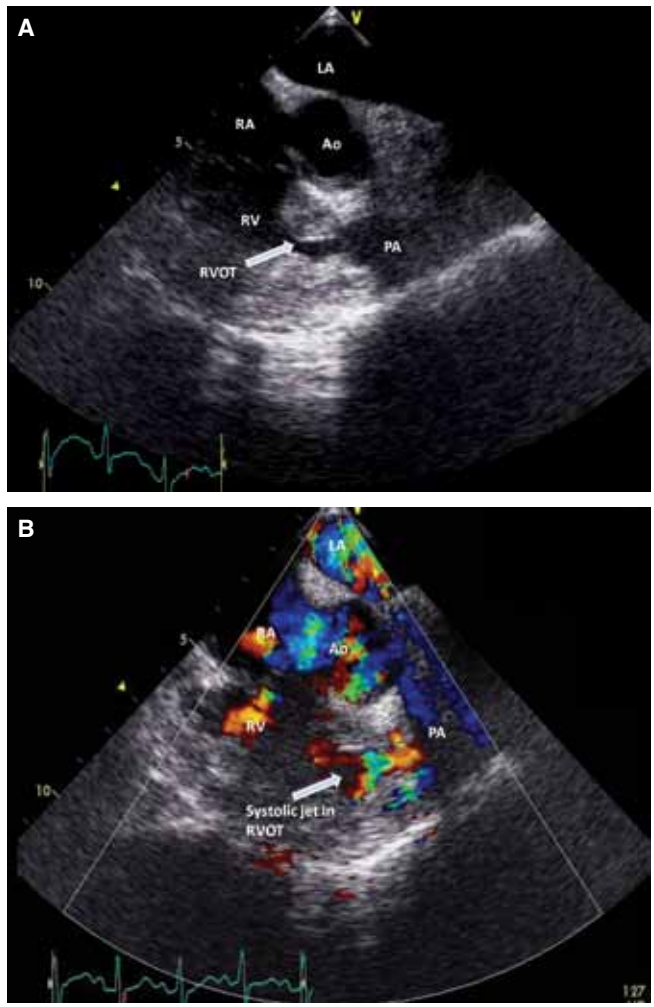
A 31-year-old woman presented with dyspnea on effort. Her family history and past history were unremarkable. Her blood pressure was 132/78 mmHg and pulse rate was 94/min with a regular rhythm. Physical examination revealed a harsh, grade 2/6 systolic ejection murmur, most prominent over the fourth intercostal space and left ventricular border. The chest X-ray disclosed mild cardiomegaly (cardiothoracic ratio 55%) without pulmonary congestion, and pulmonary vascularity was normal. Her electrocardiogram and transthoracic echocardiography showed right ventricular hypertrophy. Continuous wave Doppler revealed a maximum velocity of 4.9 m/sec which corresponded to a pressure gradient of 97 mmHg between the right ventricle and the distal portion of the right ventricular outflow tract (RVOT). Transesophageal echocardiography showed obstruction and a systolic jet in the RVOT (Fig. A, B), as well as a patent foramen ovale. Computed tomography angiography showed narrowing of the lower part of the RVOT (Fig. C). The patient refused cardiac catheterization, so medical treatment with a beta-blocker was initiated and she was discharged with follow-up.



Figures. Transesophageal echocardiograms showing **(A)** obstruction and **(B)** a systolic jet in the right ventricular outflow tract (RVOT). **(C)** Computed tomography angiography showing obstruction in the RVOT. LA: Left atrium; LV: Left ventricle; RA: Right atrium; RV: Right ventricle; Ao: Aorta; PA: Pulmonary artery.

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