

Case images

Olgu görüntüsü

A case of Gerbode-type ventricular septal defect and mitral anterior valve cleft with severe regurgitation

Gerbode tip ventriküler septal defekt ve ileri mitral yetersizlikli mitral ön kapak yarığı olan bir olgu

Hacı Ahmet Kasapkara

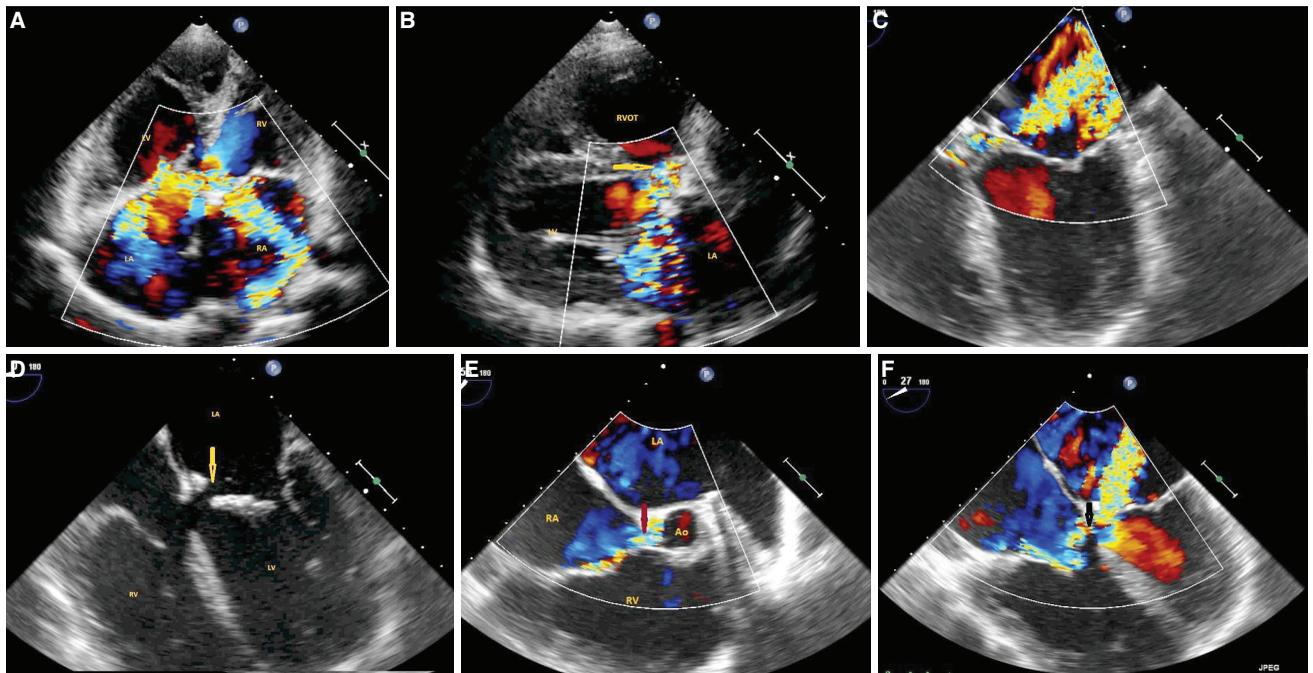
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A 41-year-old man was admitted to our polyclinic with the complaint of New York Heart Association (NYHA) Class III dyspnea and lightheadedness. On physical examination, a 4/6 pansystolic murmur was heard maximally in all areas of the heart. There was tachycardia, but normal pulmonary signs. Electrocardiography revealed sinus rhythm with a rate of 132 beats per minute. Transthoracic echocardiography showed severe mitral valve insufficiency due to a probable mitral anterior valve cleft and a shunt from left ventricle to right atrium, leading to the diagnosis of Gerbode-type ventricular septal defect (Figure A, B, Video*). Transesophageal echocardiography showed the presence of severe mitral regurgitation and a cleft of the anterior mitral valve leaflet, thus confirming the presence of the defect (Figure C-F, Video*). The degree of regurgitation was quantified as severe, with systolic inversion of the pulmonary venous flow and regurgitant volume (72 mL). Following consultation with cardiovascular surgeons on these findings, surgery was proposed.



Figures– Transthoracic echocardiogram (A) apical 4-chamber view showing severe mitral regurgitation and a shunt from left ventricle to right atrium, (B) parasternal long-axis view showing a shunt from left ventricle to right atrium. Transesophageal echocardiogram (C) severe mitral regurgitation, (D) anterior mitral valve cleft (arrow), (E) Gerbode-type ventricular septal defect (arrow), (F) another view of shunt demonstrating Gerbode-type ventricular septal defect. *Supplementary video files associated with this presentation can be found in the online version of the journal.