

## Görüntülü olgu örnekleri

## Case images

## Myocardial noncompaction accompanied by mitral valve prolapse

## Mitral kapak prolapsusunun eşlik ettiği süngerimsi miyokart

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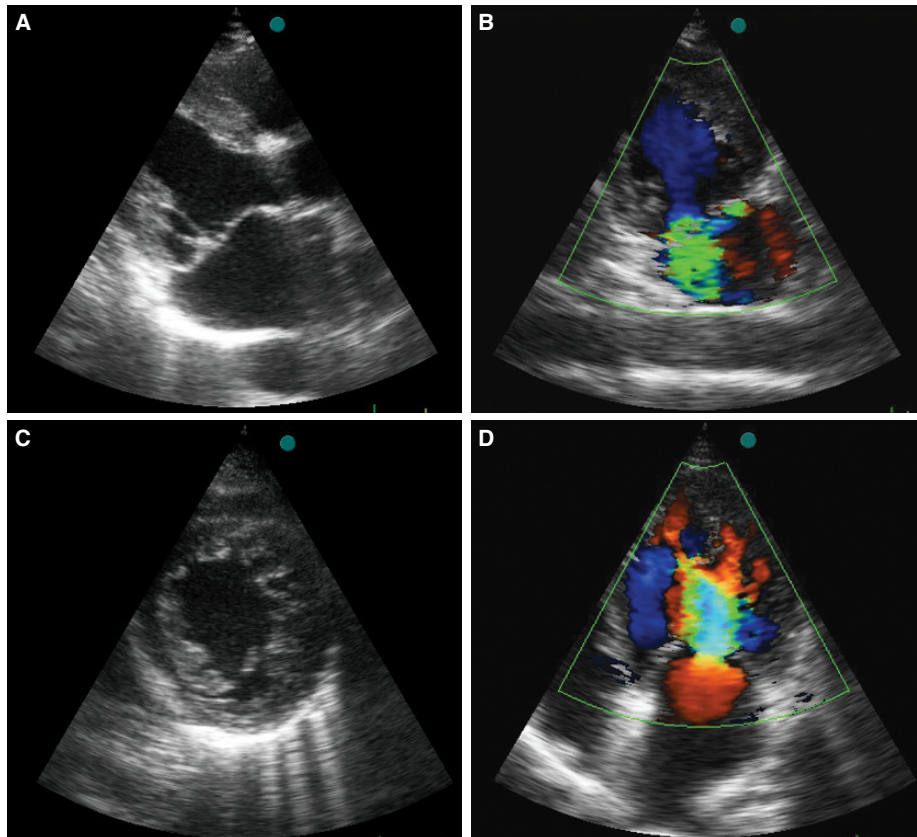
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A 46-year-old woman was admitted to our hospital with the complaint of exertional dyspnea for two years. Cardiac auscultation revealed a grade 3/6 systolic murmur at the cardiac apex radiating to the axilla. Her blood pressure was 120/70 mmHg and her heart rate was 64 beats/min. The electrocardiogram showed sinus rhythm, prolonged QSR duration, and LV hypertrophy with repolarization changes. Cardiac X-ray revealed

mild cardiac enlargement. Transthoracic echocardiography (TTE) revealed moderate left ventricular dilatation and systolic dysfunction (ejection fraction 40%). Two-dimensional TTE revealed prolapse of the posterior mitral valve leaflet in systole and left atrial dilatation at the parasternal long-axis view (Fig. A). In apical two-chamber view, color flow imaging revealed a moderate to severe mitral valve regurgitation with a predominantly eccentric jet (Fig. B). In parasternal short axis and apical four-chamber views, two-dimensional echocardiogram and color flow imaging revealed prominent trabeculations that perfused from the left ventricular cavity at apical and lateral left ventricular wall (Fig. C, D).



**Figures–** (A) Prolapse of the posterior mitral valve leaflet on the left parasternal long axis. (B) Moderate to severe mitral valve regurgitation with a predominately eccentric jet on the apical two chamber. (C) Prominent trabeculations of the apical and lateral left ventricular wall on the parasternal short axis. (D) Trabeculations perfuse from the left ventricular cavity on color Doppler on the apical four-chamber.