Case images

Olqu görüntüsü

Quadricuspid aortic valve with moderate aortic regurgitation demonstrated by three-dimensional transesophageal echocardiography

Orta derece aort kapak vetersizliği olan dört yaprakcıklı aort kapağının transözofajiyal ekokardiyografi ile üç boyutlu gösterimi

examination revealed

holodiastolic murmur

along the right sternal

border, but was oth-

erwise unremarkable.

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Transthoracic echocardiography (TTE) showed normal left ventricular systolic function and a quadricuspid aortic valve (QAV, Figure A). Transesophageal echocardiography

A 41-year-old man (TEE) was performed to confirm and claswas referred to cardisify OAV. TEE revealed OAV with 4 equal cusps in aortic short-axis view (Figures B, ology with complaints C; Videos 1, 2^*) and moderate central aortic of fatigue and dyspnea on exertion. Cardiac



regurgitation in aortic long-axis view (Figure D, Video 3^{*}). The patient was followed at 6-month intervals with TTE. OAV is a very rare but important abnormality. Recognition and classification of QAV aids in prediction of outcome and planning of treatment. TTE and TEE, both important clinical tools, are used to recognize and classify QAV. TTE can suggest presence of OAV, but cannot provide information regarding the relevant anatomy. Two-dimensional and 3-dimensional TEE are the best options of assessment.



Figures- (A) Transthoracic echocardiography showing quadricuspid aortic valve in parasternal short-axis view. (B). Two-dimensional transesophageal echocardiography showing 4 equal aortic cusps in aortic short-axis view. (C). Three-dimensional transesophageal echocardiography in aortic short-axis view. (D). Two-dimensional transesophageal echocardiography showing central aortic regurgitation in aortic long-axis view. RA: Right atrium; LA: Left atrium; RV: Right ventricle; LV: Left ventricle; AO: Aorta. * Supplementary video files associated with this presentation can be found in the online version of the journal.