

## Parachute mitral and tricuspid valves together with ventricular septal defect

### Ventriküler septal defekt ile birlikte olan paraşüt mitral ve triküs pit kapaklar

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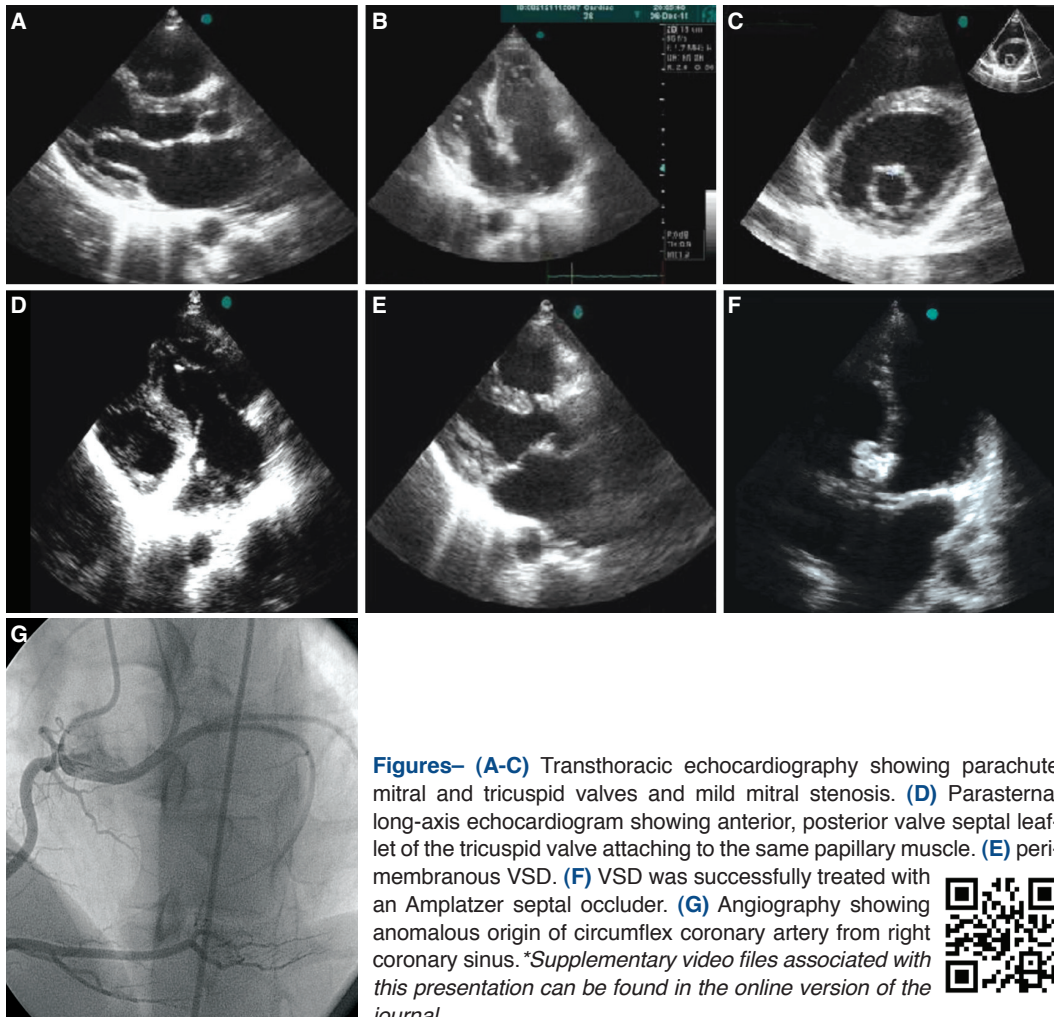
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A 33-year-old male patient presented to the cardiology department with the chief complaint of dyspnea and palpitations. Cardiovascular examination revealed a grade III/VI pansystolic murmur at the lower right sternal border. Transthoracic echocardiography showed parachute mitral valve (Fig. A, B), parachute tricuspid valve (Fig. C, D), and perimembranous ventricular septal defect (VSD) (Fig. E). There was

a gradient of 85 mm Hg across the VSD, and the mean pulmonary to systemic flow ratio (Qp:Qs) was 1.7:1. The mitral valve area was 1.6 cm<sup>2</sup>, transmitral maximum and mean gradient was 11 and 4 mmHg, respectively. Doppler systolic pulmonary pressure was measured at 44 mmHg. The other findings were mild right ventricular dilatation (3.8 cm) and mild left atrial dilatation. The tricuspid valve function was normal. Angiography revealed left circumflex coronary artery with anomalous origin from right sinus of valsalva (Fig. F). He underwent transcatheter closure of the perimembranous VSD with 10 mm Amplatzer septal occluder. On echocardiographic examination after the procedure there was no shunt (Fig. G). During the follow-up period, the patient was without complaints.



**Figures– (A-C)** Transthoracic echocardiography showing parachute mitral and tricuspid valves and mild mitral stenosis. **(D)** Parasternal long-axis echocardiogram showing anterior, posterior valve septal leaflet of the tricuspid valve attaching to the same papillary muscle. **(E)** perimembranous VSD. **(F)** VSD was successfully treated with an Amplatzer septal occluder. **(G)** Angiography showing anomalous origin of circumflex coronary artery from right coronary sinus. \*Supplementary video files associated with this presentation can be found in the online version of the journal.

