WCC 2017-C-105: COMBINED VALVULAR AORTIC AND VALVULAR PULMONARY STENOSIS - A CASE REPORT

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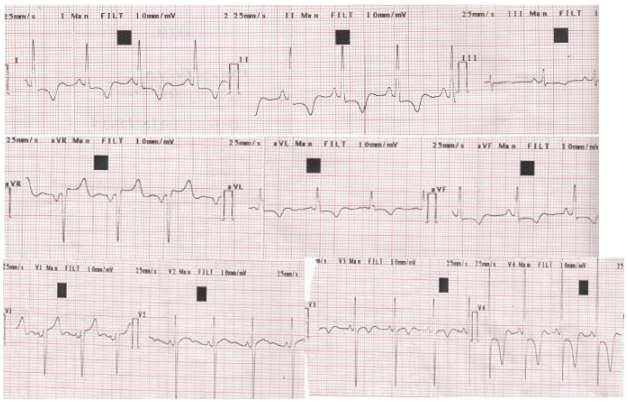
INTRODUCTION:

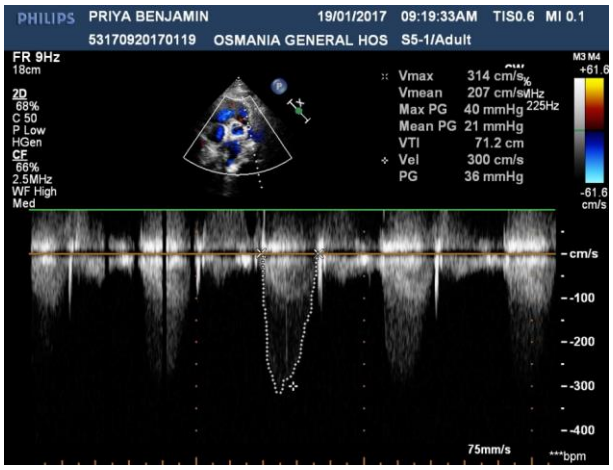
Isolated pulmonary valve stenosis (PS) accounts for 8–10% and aortic valve stenosis (AS) accounts for 3–8% of patients with congenital heart disease. The combination of both these valvular lesions is very un common.
A review of the literature revealed only 15 cases of combined valvular stenosis of aortic and pulmonary valves reported to date. The increased importance of combined AS and PS, in addition to its rarity, stems from the fact that failure to recognize and adequately correct both lesions may be catastrophic.

We present a case of a46yr old female with complaints of exertional shortness of breath and easy fatigability since last one and half years. She is not a known diabetic or hypertensive. On clinical examination Pulse rate90/min, BP –100/70mmofhg, Respiratoryrate-20/min. Apex–lt5thICSin MCL (Heaving).Lt lower grade 2/3 parasternal heave present, Systolic thrills were palpable at both Lt &Rt2nd ICS. Systolic ejection murmur of grade 4/6 heard in Lt2nd ICS radiating to carotid. Another Systolic ejection murmur of grade 4/6 with different character heard in Rt 2nd ICS.ECG showed left ventricular hypertrophy. 2D echo showed PJV-3.14 m/sec,AJV-4.65m/sec.

ECG: P pulmonale LVH, ST depression, T inv I, II, aVL, aVF, V4 to V6



2 D Echo : Short axis view PJV-3.14m/sec



Article received on 25 FEB 2017, published on 08 MAR 2017.
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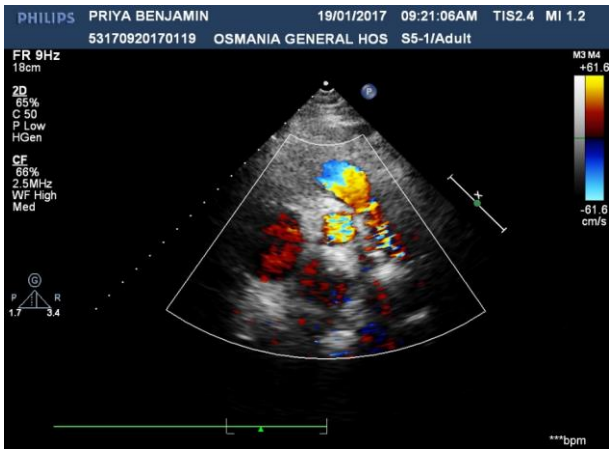
Short axis view Colour Doppler



Apical 5 chamber view AJV- 4.65 m/sec