

PBTV AND PBMV IN A PATIENT WITH CRHD

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Case Details

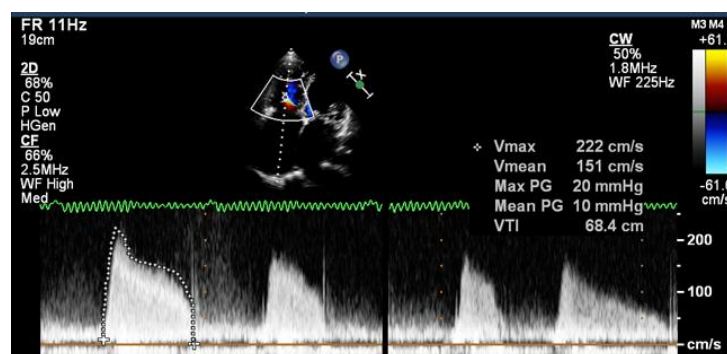
A 26 year old gentleman who is a known case of chronic rheumatic heart disease, presented with exertional breathlessness of 1 year duration. He underwent percutaneous balloon mitral valvotomy in 2004 for severe mitral stenosis. ECG showed atrial fibrillation with controlled ventricular rates. 2D Echocardiography showed severe mitral restenosis (MVA=0.8 cm²; MVG =18/12, Panel A), Organic tricuspid valve disease with severe tricuspid stenosis (TVG=13/8, Panel B) with mild tricuspid regurgitation. Balloon mitral and tricuspid valvotomy was done sequentially in this patient with Acura 28 balloon, inflated to 28mm across mitral valve and 18mm across tricuspid valve with wire in LV and RV apex respectively (Panel C and D). There was significant drop in the trans-Valvular gradients (Panel E and F). Procedure was uneventful. The post procedure course was unremarkable and the patient is doing well at one year follow up.

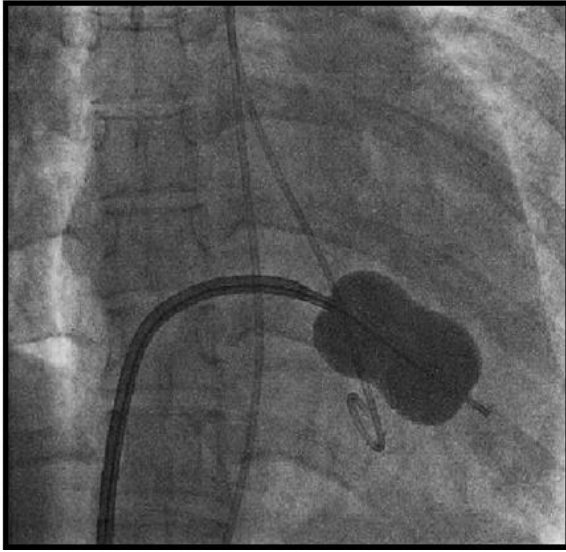
KEYWORDS: Percutaneous Balloon Tricuspid Commissuratomy - PBTC, Percutaneous Balloon mitral Commissuratomy - PBMV, Chronic Rheumatic Herat Disease - CRHD

Panel A : 2D Echocardiogram – Parasternal short axis view showing severe MS

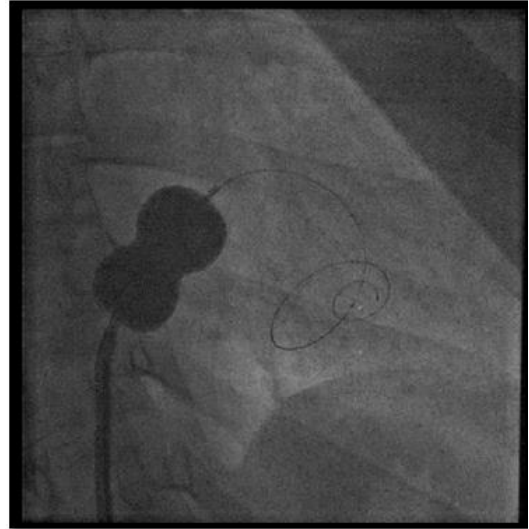


Panel B: Pressure gradient across the tricuspid valve showing Severe TS





Panel C : PBMV with ACURA 28 mm size balloon



Panel D : PBTV with ACURA balloon LA wire in RV

Panel E : Post PBMV MVA 1.4 cm²



Panel F : Post PBTV gradients across the tricuspid valve

