

Images in Cardiology: Unusual Evolution of Mitral Flail Leaflet

STEFANO LUCREZIOTTI, M.D., ANTONIO MANTERO, M.D., PAOLA PEROLO, M.D., CESARE FIORENTINI, M.D.

Division of Cardiology, Department of Medicine, Surgery and Dentistry, University of Milan, S. Paolo Hospital, Milan, Italy

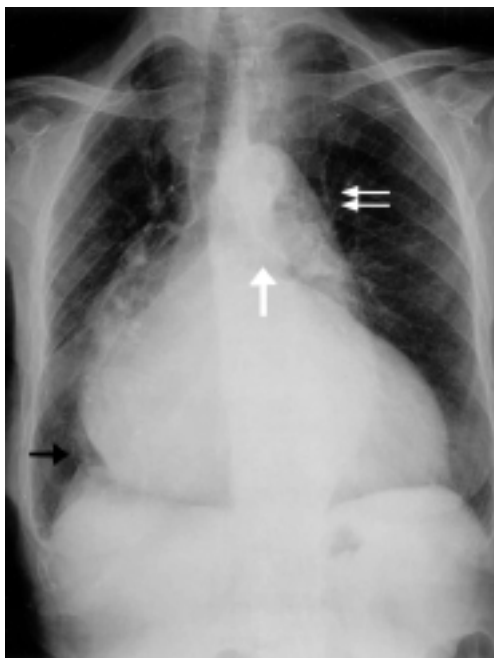


FIG. 1 Enlarged heart (cardiothoracic ratio = 0.8) due to a massive left atrial dilatation, with right cardiac double contour (black arrow), elevation of the left main stem bronchus (white arrow) and dilatation of descending aorta (double arrow).

An 89-year-old diabetic woman was admitted for uncontrolled hyperglycemia. Chest x-ray revealed a severely enlarged cardiac profile (Fig. 1). Echocardiography showed a flail posterior mitral leaflet with severe valvular regurgitation; the left atrium was severely dilated, but left ventricular volumes were normal (Fig. 2). Despite advanced age, car-

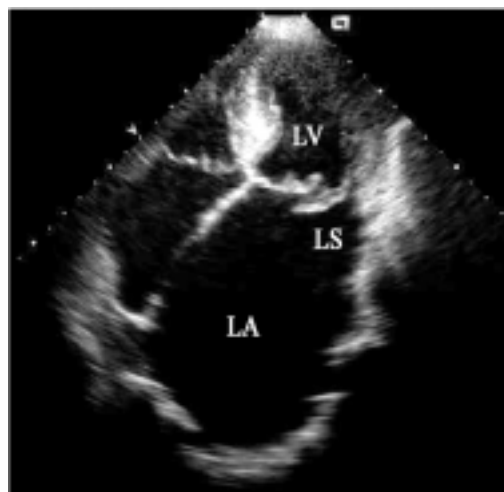


FIG. 2 The flail posterior mitral leaflet (LS = lateral scallop) and the huge left atrium (LA). LV = left ventricle.

diac overload, uncontrolled systemic and pulmonary hypertension, slightly reduced left ventricular function, and the presence of atrial fibrillation, the patient was in New York Heart Association functional class II. A conservative strategy was adopted and medical therapy was optimized; at 6-month follow-up, clinical and echocardiographic parameters were stable.

Reference

Ling LH, Enriquez-Sarano M, Seward JB, Orszulak TA, Schaff HV, Bailey KR, Tajik AJ, Frye RL: Early surgery in patients with mitral regurgitation due to flail leaflets. A long-term outcome study. *Circulation* 1997;96:1819-1825