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Thrombosed prosthetic mitral valve

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Figure 1 The incomplete closure of the valve disc during systole is evident.

Figure 2 Disc position in diastole. The disc opening is limited, with an 'opening angle' of barely 15° resulting in severe prosthetic stenosis.

DESCRIPTION

A 29-year-old woman presented with pulmonary oedema and low cardiac output. Her mitral valve was replaced 20 years back with a Sorin mechanical valve. She had stopped anticoagulants a month back on her own for excessive menstrual bleeding. Echo showed a gradient of 26 mm Hg across the valve with regurgitation. Fluroscopy confirmed limited disc opening of only 15° with incomplete disc closure (figures 1 and 2) (videos 1 and 2). She was reoperated using a St Jude mechanical valve. The excised prosthetic valve showed thrombus and pannus almost completely occluding the disc and severely restricting disc mobility (figures 3 and 4).

Video 1 The minimal opening and incomplete closure of the disc are obvious. 10.1136/bcr.10.2011.5002v1

Video 2 Enface view showing minimal disc excursion. 10.1136/bcr.10.2011.5002v2

Acknowledgements The authors wish to acknowledge Drs Suresh Rao, NK Kapadia, SK Chowdhry and Vijit Cherian for contributing to the clinical care of this patient.

Competing interests None.

Patient consent Not obtained.

Figure 3 The prosthesis, viewed from the atrial side is almost completely occluded by thrombus and pannus.

Figure 4 Seen from the ventricular side, the disc is clearly entrapped preventing it from closing completely. This is clearly seen in the fluoroscopy and is the reason for the mitral incompetence.

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Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Balakrishnan K, Aggarwal S, Balakrishnan G. Thrombosed prosthetic mitral valve.
BMJ Case Reports 2012;10.1136/bcr.10.2011.5002, Published XXX

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