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. Fluoroscopy 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

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**Patient consent** Not obtained.
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.