

Case Study

49 yo man with “pounding heart”

- **History:**

Healthy, active CEO without prior cardiac history

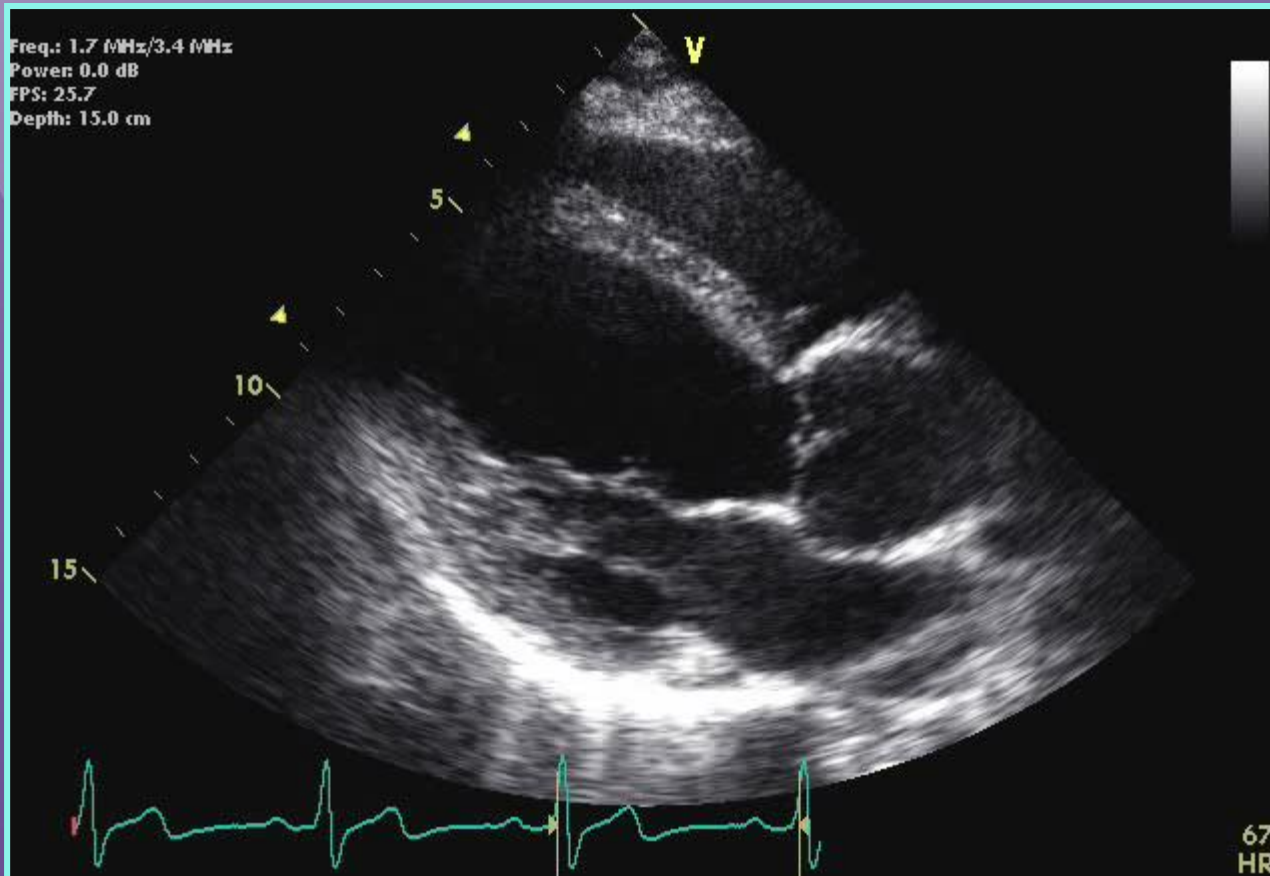
12/2004: Noted onset of “pounding heart beat” and wife noted “a loud sound” in chest

- **PE:** BP 116/60, P 70, 5/6 honking diastolic murmur

- **EKG:** SR, NSSTTWΔ's

- **Meds:** enalapril (sx improved with first dose)

Transthoracic Echo



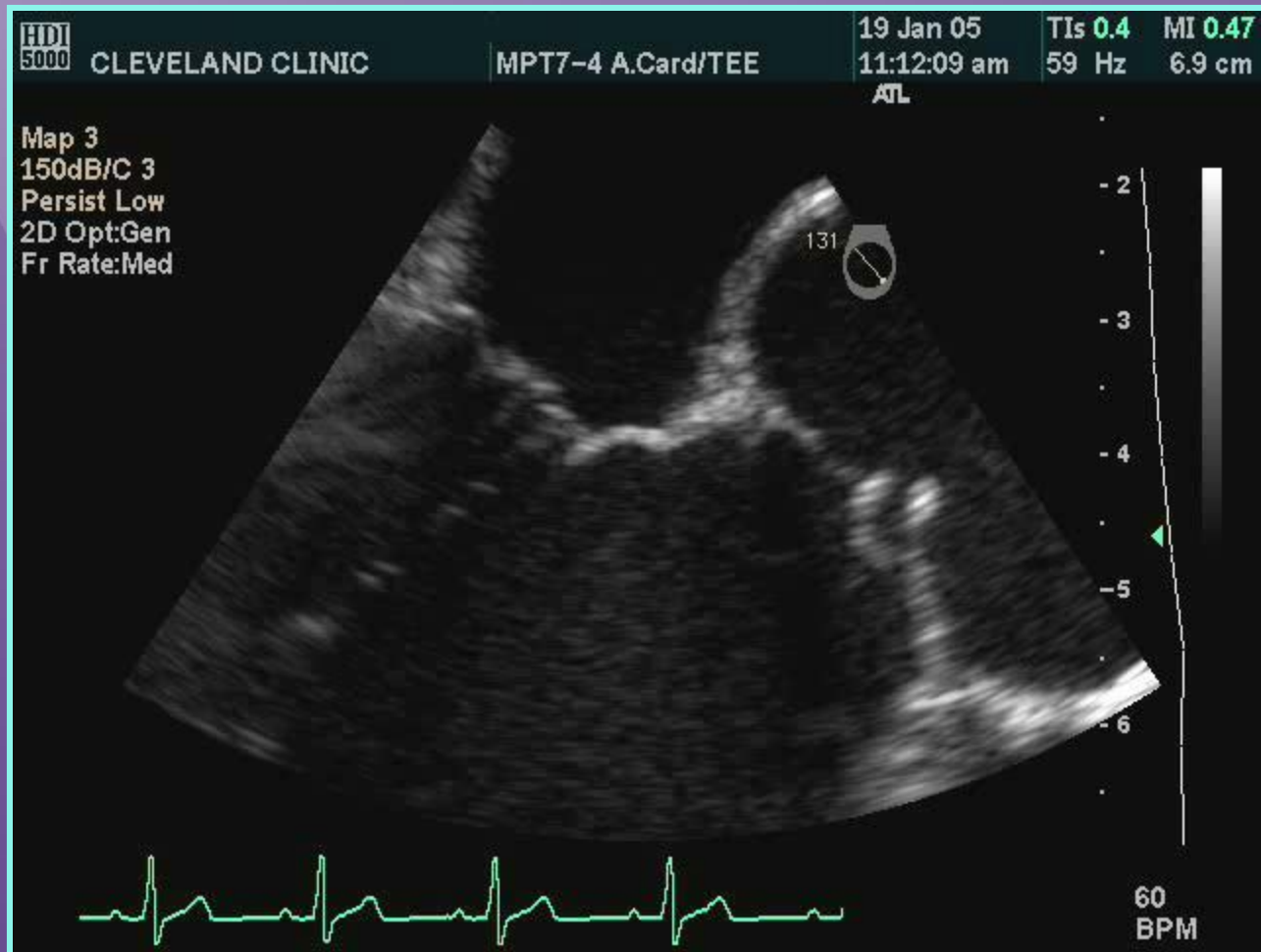
Disrupted AV, dilated LV

Transthoracic Echo



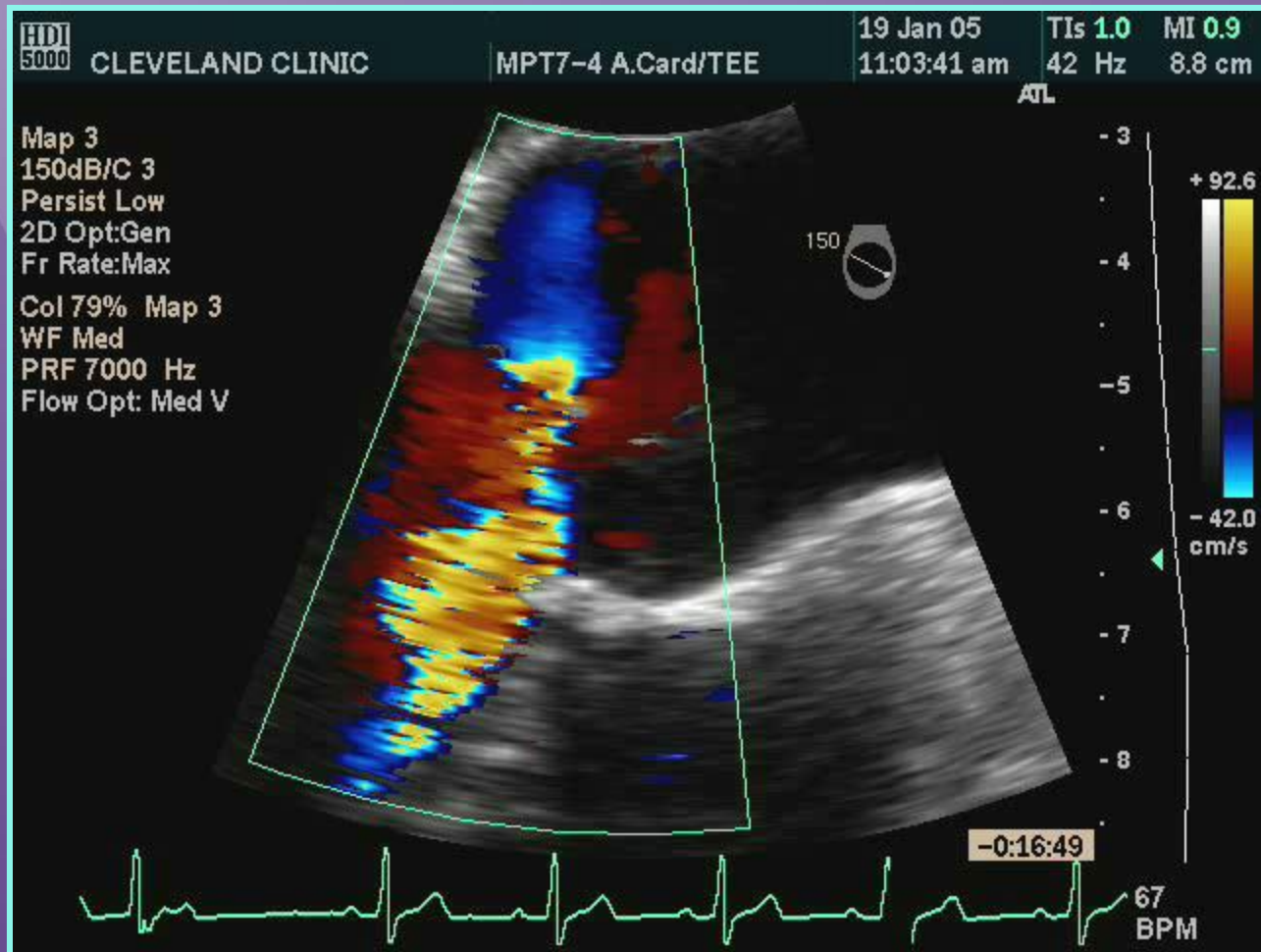
Anteriorly directed AR

Transesophageal Echo



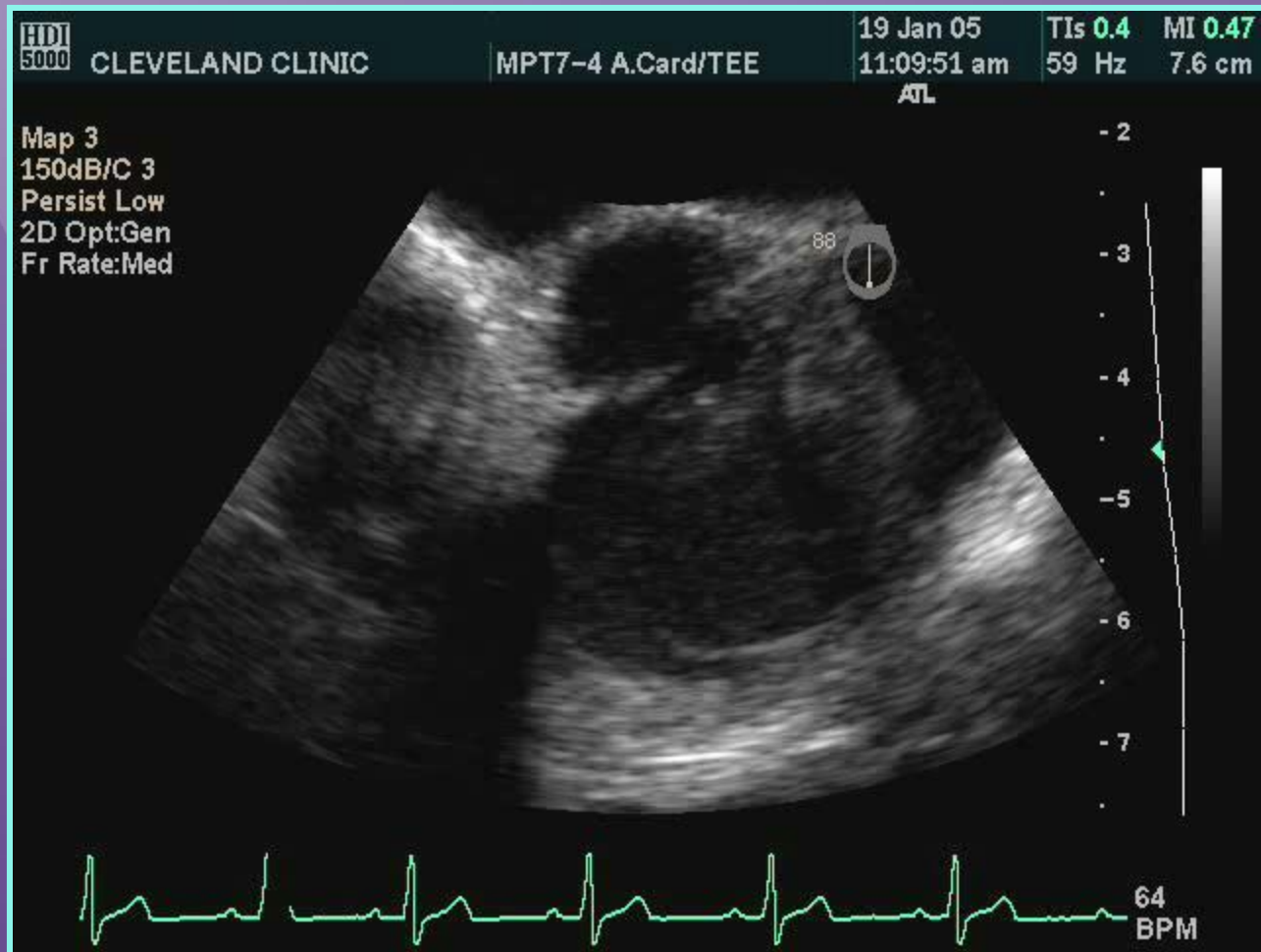
Flail AV, probably NCC

Transesophageal Echo



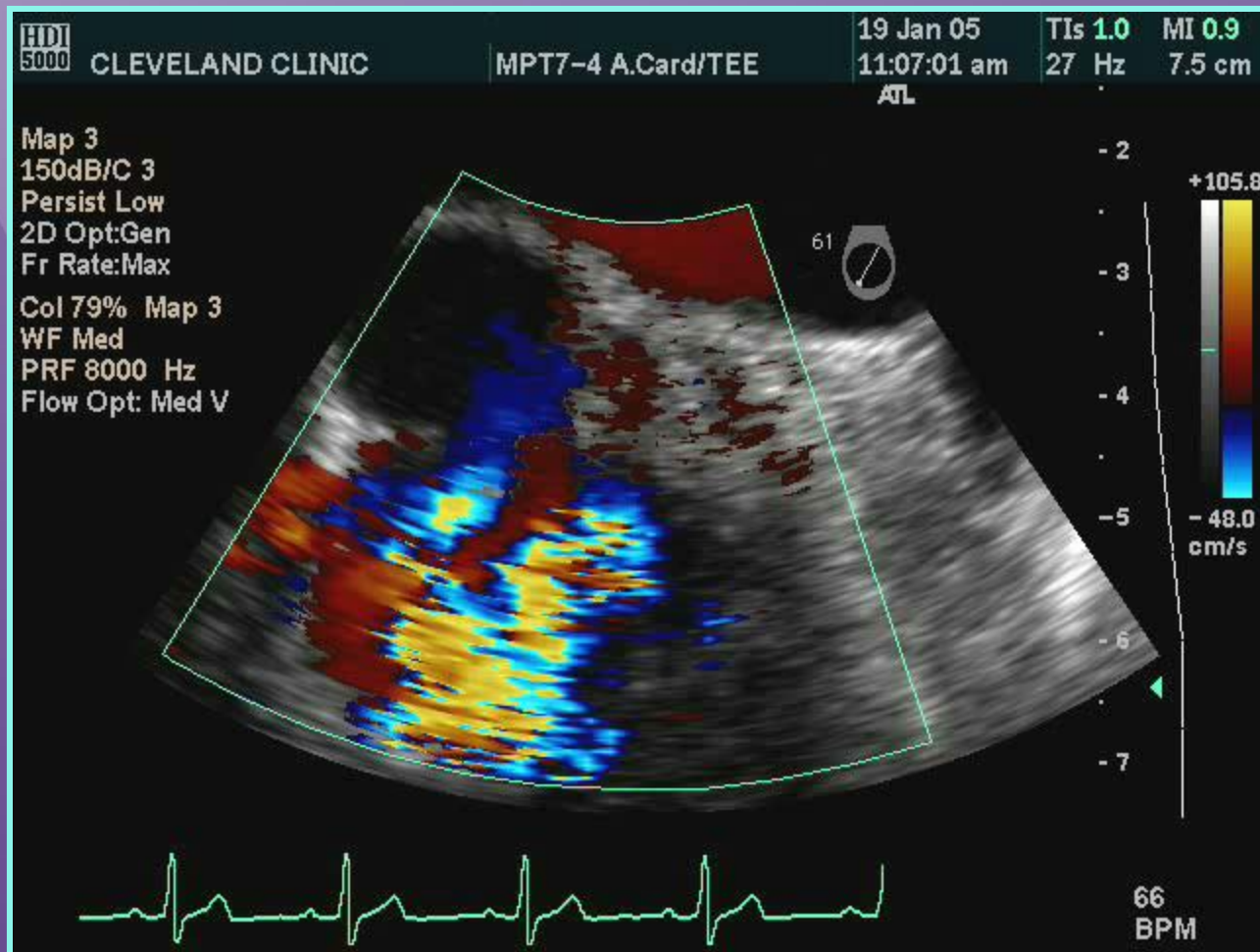
Anteriorly directed AR

Transesophageal Echo

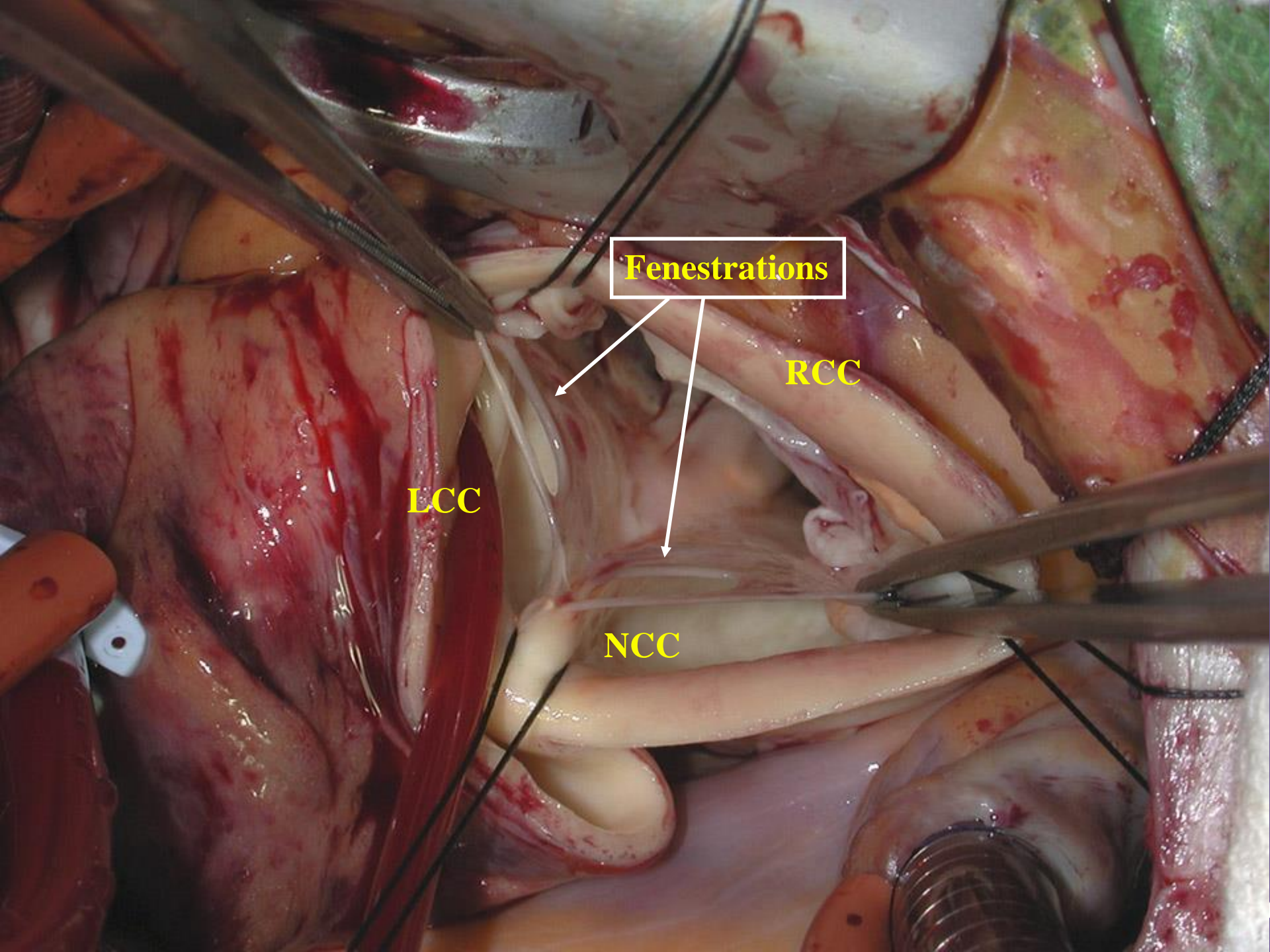


Disruption of NCC where it meets RCC

Transesophageal Echo



2 jets: NCC → RCC and LCC → RCC

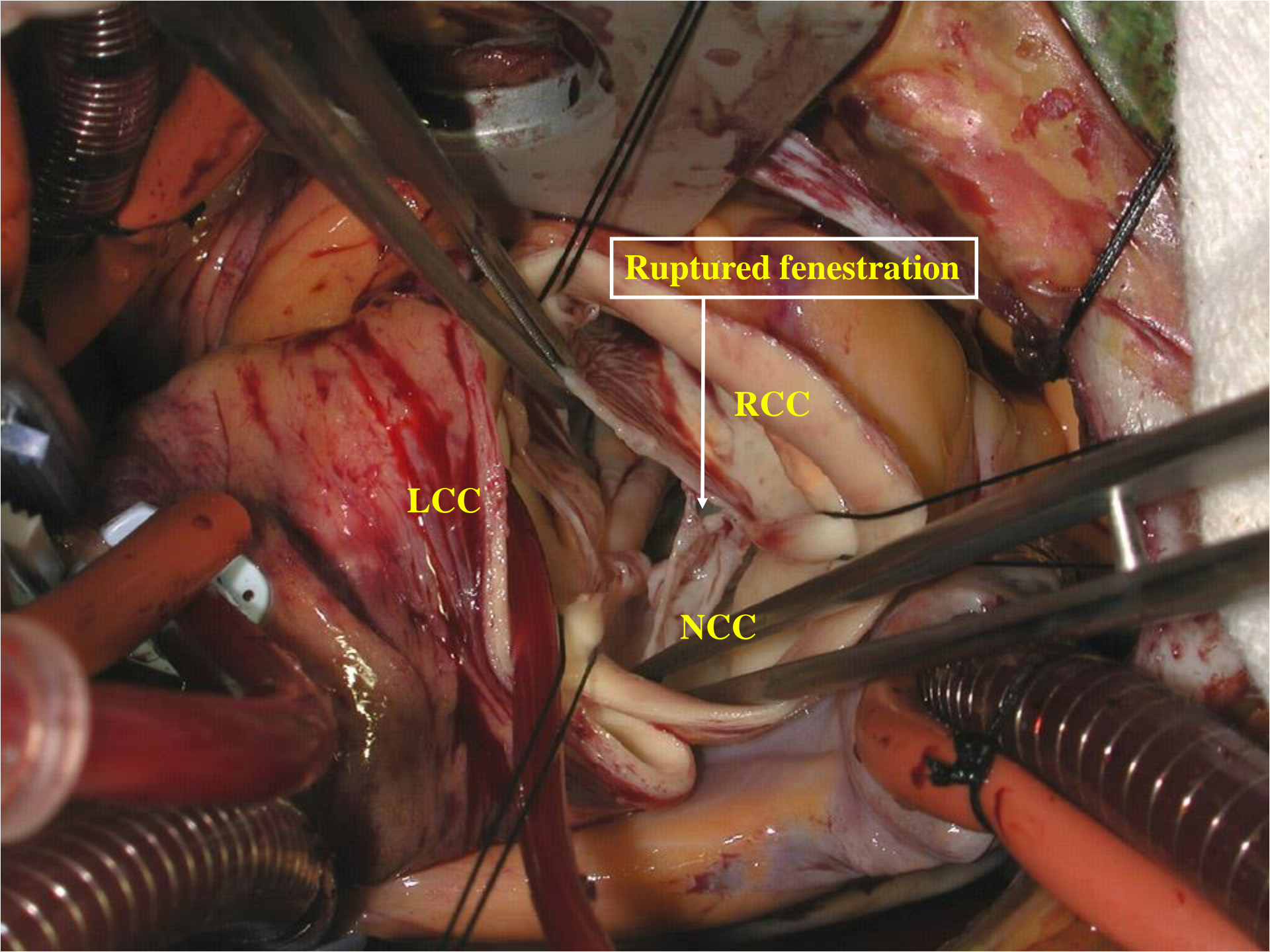


Fenestrations

RCC

LCC

NCC

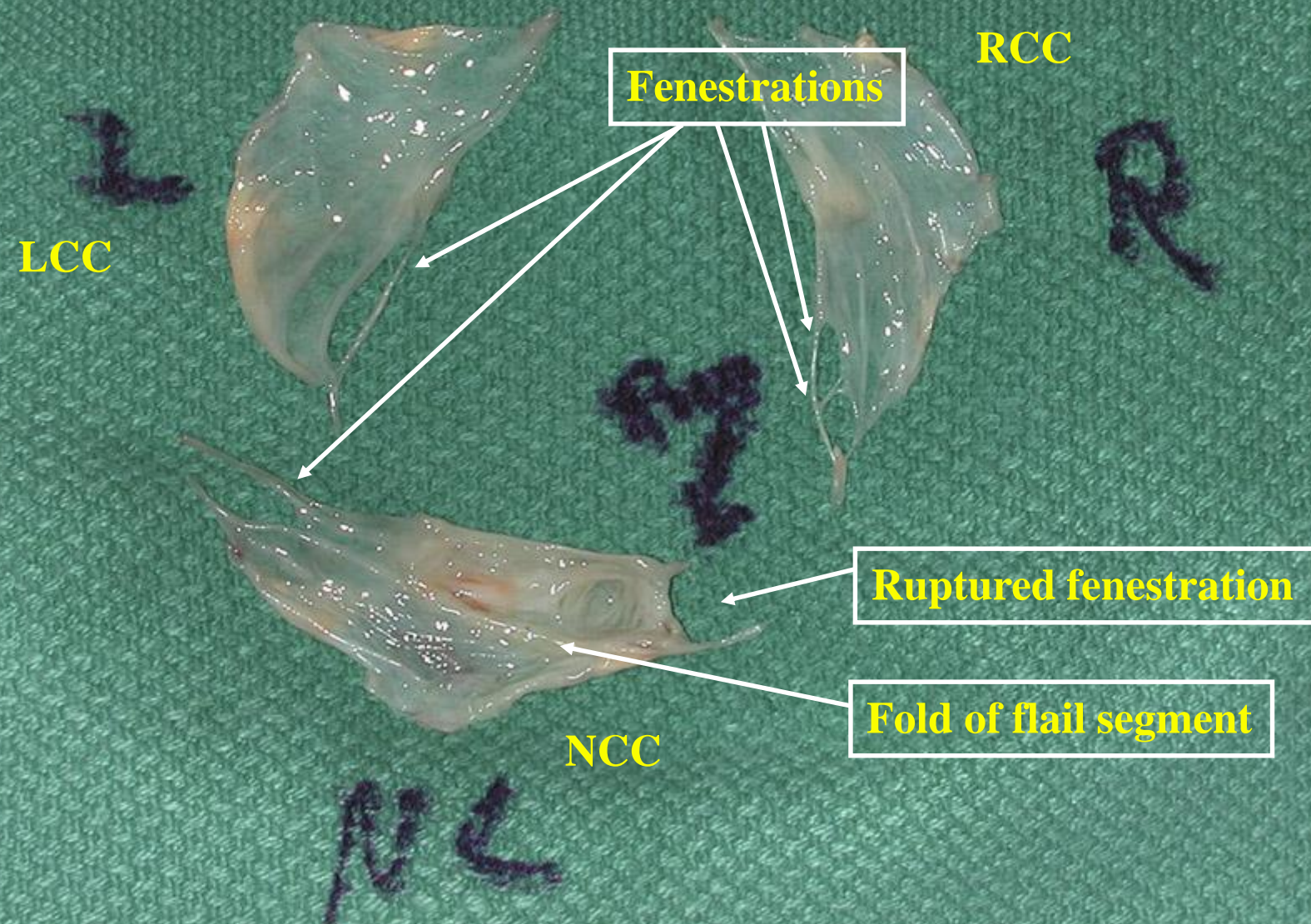


Ruptured fenestration

RCC

LCC

NCC



LCC

RCC

Fenestrations

Ruptured fenestration

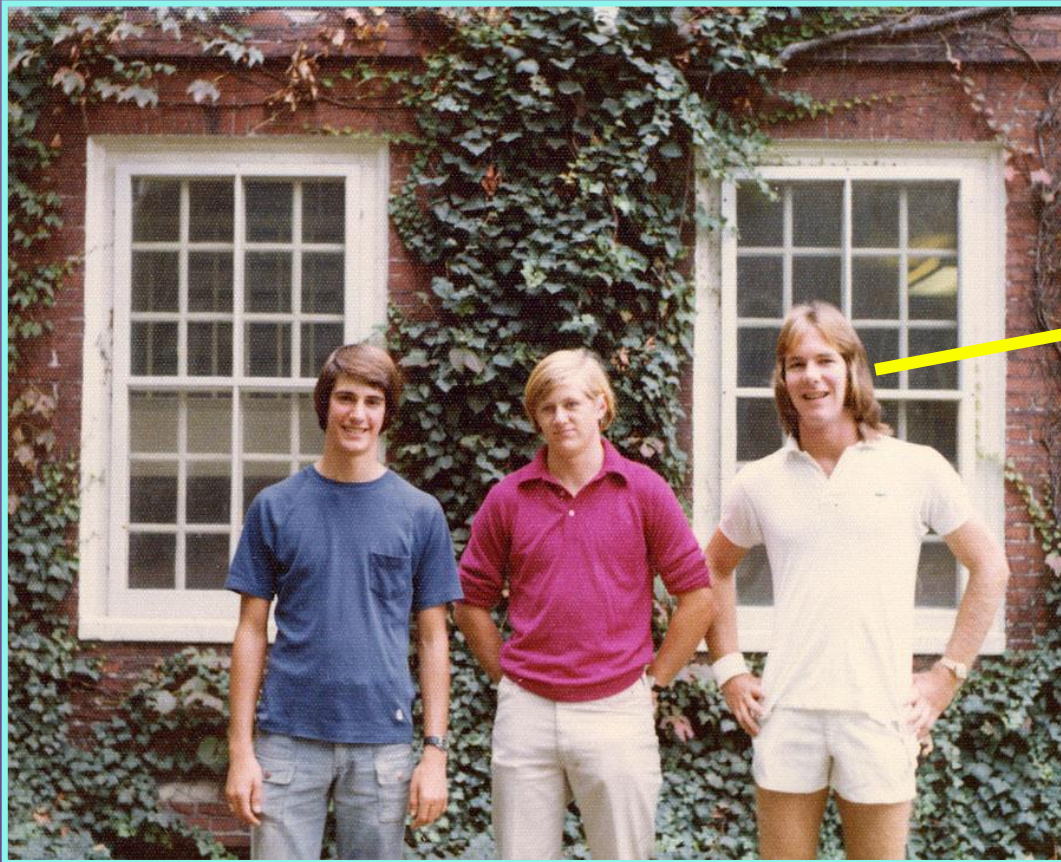
Fold of flail segment

NCC

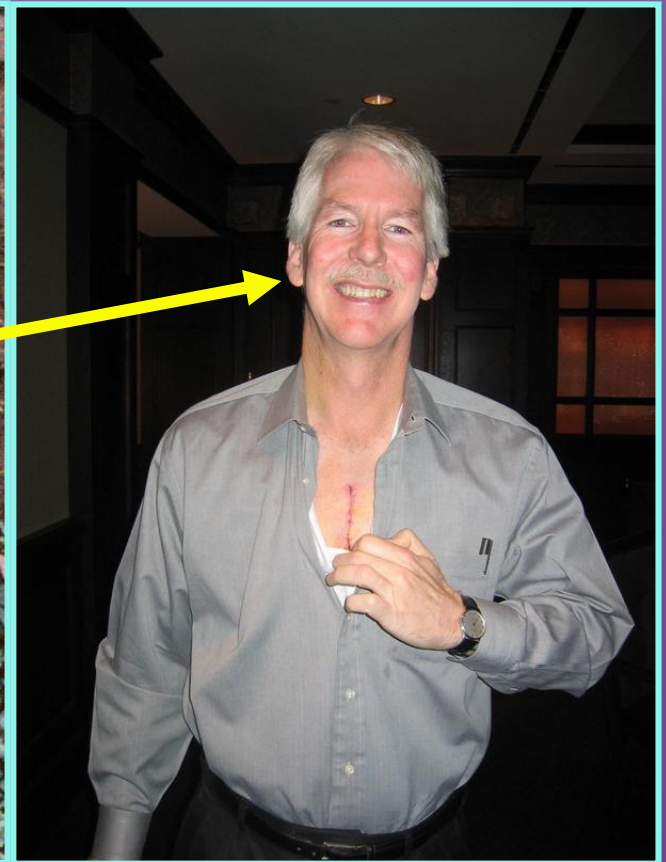
- **Congenital fenestration of all 3 coronary cusps**
- **Fenestrations close enough to leaflet margins that no AR until NCC fenestration ruptured to free margin, making NCC flail**
- **Uneventful recovery**
- **Discharged on day 4, flew home on day 5**

A Final Punch Line....

He's my college roommate!



Young Dr. Thomas, ca. 1973



Post-op day 4