Goofs, Coups and Things I Have Learned in the Past Year

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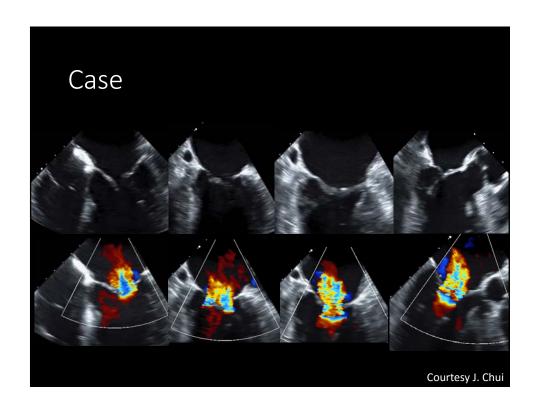
Assistant Professor, University of Toronto

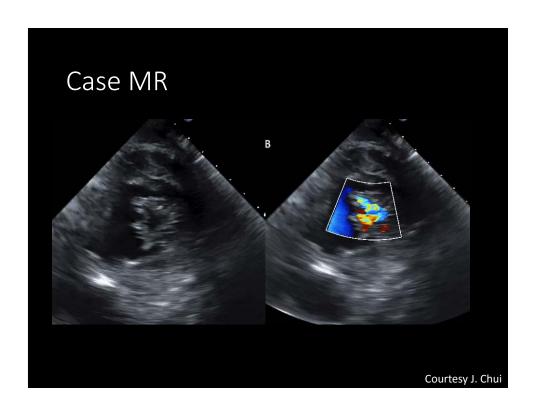
Toronto General Hospital, University Health Network

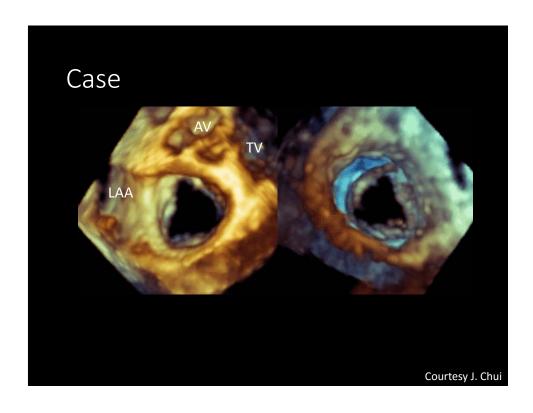
Acknowledgements: Jason Chui, Robert H. Anderson and Roberto Lang

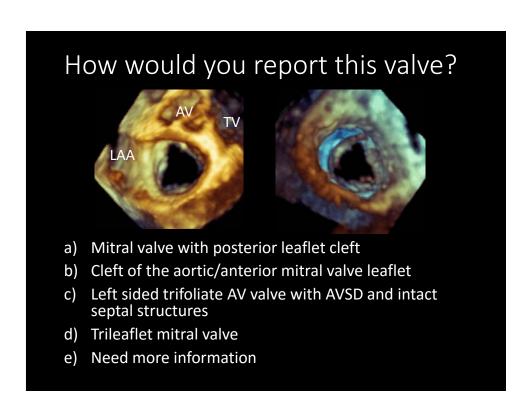
Case

- 59 year old morbidly obese patient who presented for CABG
- Pre-op TTE was technically difficult and mild-tomoderate MR was reported
- Intraoperative TEE revealed a central jet of MR





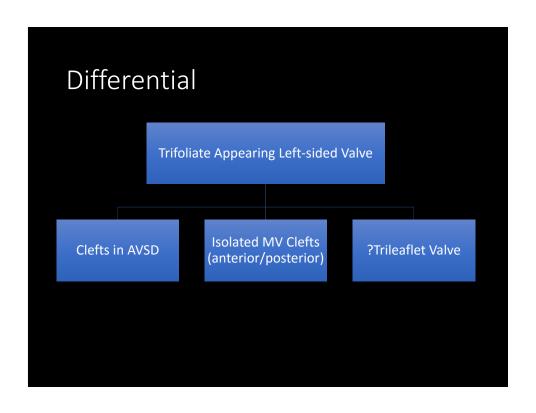




a) Mitral valve with posterior leaflet cleft b) Cleft of the aortic/anterior mitral valve leaflet c) Left sided trifoliate AV valve with AVSD and intact septal structures d) Trileaflet mitral valve e) Need more information



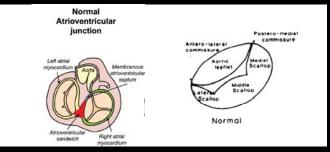




Normal Mitral Valve and AV Canal Development

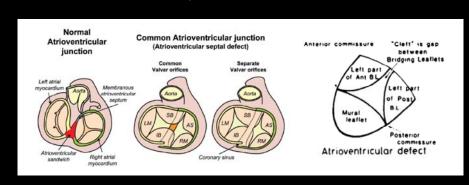
Normal development requires:

- 1. Division of the atrioventricular canal, followed by
- 2. Commitment of the developing aortic root to the left ventricle



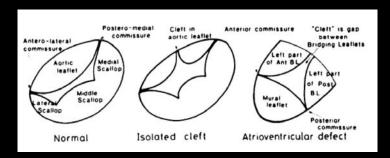
Adachi et al. Asian Cardiovasc Thorac Ann 2008;16:497–502 Smallhorn et al. Br Heart J 1982;48:331-342

Abnormal Mitral Valve and AV Canal Development



Adachi et al. Asian Cardiovasc Thorac Ann 2008;16:497–502 Smallhorn et al. Br Heart J 1982;48:331-342

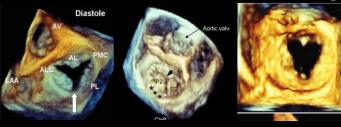
Isolated anterior mitral valve cleft is different from those associated with AV canal defects



- Cleft points to the LVOT
- Mitral valve is otherwise normal

Adachi et al. Asian Cardiovasc Thorac Ann 2008;16:497-502

Mural/Posterior Leaflet Clefting



- Extremely rare but long-reported
- Cleft is oriented away from the LVOT
- · Appearance is similar to AVSD with intact septum
 - ? distinct morphological entity, or a 'forme fruste' of an AVSD with intact septum
- Features
 - well-formed septal structures supporting the trifoliate atrioventricular valve
 - lack of any inlet-outlet disproportion of the ventricular septum
 - the mural leaflet in AVSDs is significantly smaller than that found in patients with isolated clefting of the mitral valve

Vignalou JB, et al. Eur Heart J Cardiovasc Imaging. 2012 Jun;13(6):535. Biaggi P, et al. J Am Soc Echocardiogr. 2010 Oct;23(10):1114.e1-4.



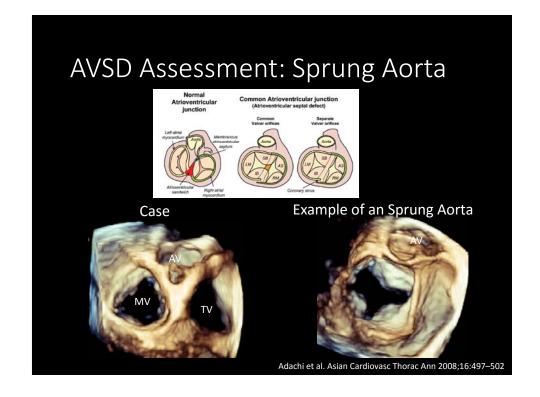


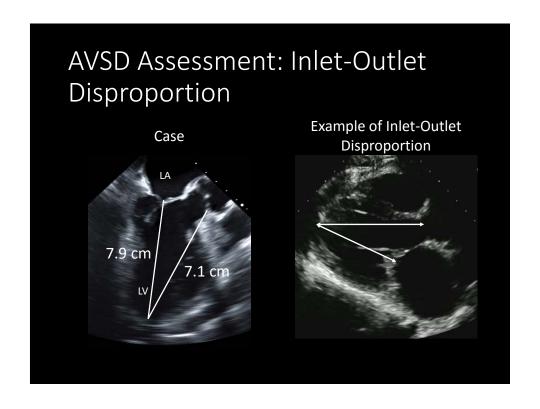
- Only recently reported with 7 cases diagnosed with 3D echo
 - Three equidistant commissures or zones of apposition
 - a central coaptation point
 - the presence of a displaced accessory papillary muscle
 - concordant atrioventricular and ventriculo–arterial connections
- All cases reported an association of significant LVOT obstruction or subaortic stenosis
- ?Novel phenotype in hypertrophic cardiomyopathy that is distinct from isolated clefting of the mural leaflet of the valve

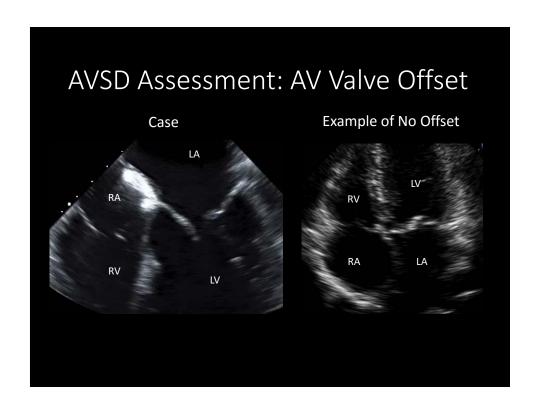
D'Ancona G, et al. Eur Heart J. 2015 Jul 7;36(26):1697

Butler T, et al. Int J Cardiol. 2015 Dec 15;201:549-51.

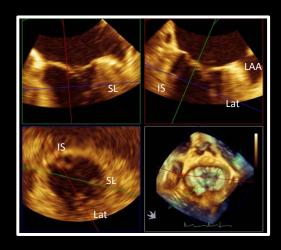
Moya-Mur JL., et al. Eur Heart J Cardiovasc Imaging. 2015 Jun;16(6):692.







Assess Papillary Muscles



- 3 papillary muscles and attachments,
 - · infero-septal,
 - supero-lateral, and
 - · lateral,
- Correspond to the zones of apposition between the three distinct leaflets
- Supero-lateral papillary muscle is small and can be labeled as an accessory papillary muscle

What did I learn?

- 3D echocardiography improves visualization but there has to be an understanding of the embryologic development and nomenclature for diagnosis
- Differential would include isolated cleft of an otherwise normal mitral valve versus trifoliate left AV valve in the setting of an AVSD with intact septum
- Unclear if trileaflet mitral valves are a new entity versus cases of mis-identification



Thank you for listening!