WCC 2017-C-105: COMBINED VALVULAR AORTIC AND VALVULAR PULMONARY STENOSIS - A CASE REPORT

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INTRODUCTION:

Isolated pulmonary valve stenosis (PS) accounts for 8–10% and aortic valve stenosis (AS) accounts for 3–8% of patients with congenital heart disease. The combination of both these valvular lesions is very uncommon.

A review of the literature revealed only 15 cases of combined valvular stenosis of aortic and pulmonary valves reported to date. The increased importance of combined AS and PS, in addition to its rarity, stems from the fact that failure to recognize and adequately correct both lesions may be catastrophic.

We present a case of a 46yr old female with complaints of exertional shortness of breath and easy fatigability since last one and half years. She is not a known diabetic or hypertensive. On clinical examination Pulse rate 90/min, BP –100/70mmofhg, Respiratory rate-20/min. Apex –lt 5th ICS in MCL (Heaving). Lt lower grade 2/3 parasternal heave present, Systolic thrills were palpable at both Lt & Rt 2nd ICS. Systolic ejection murmur of grade 4/6 heard in Lt 2nd ICS radiating to carotid. Another Systolic ejection murmur of grade 4/6 with different character heard in Rt 2nd ICS. ECG showed left ventricular hypertrophy. 2D echo showed PJV-3.14 m/sec, AJV-4.65m/sec.

ECG: P pulmonale LVH, ST depression, T inv I, II, aVL, aVF, V4 to V6

2 D Echo : Short axis view PJV-3.14m/sec

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Short axis view Colour Doppler

Apical 5 chamber view AJV- 4.65 m/sec