


Tricky image of exuberant accessory mitral valve tissue with partial interchordal space obliteration

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A 74-year-old man was referred for mitral valve surgery of symptomatic (weakness and fatigue) prolapse-related mitral regurgitation. He had a past medical history of hypertension, dyslipidaemia, and overweight. His initial evaluation consisted in transthoracic echocardiography which documented the presence of severe mitral regurgitation due to posterior leaflet prolapse (Panels A and B; see Supplementary data online, Movie S1). The preoperative transoesophageal echocardiography (TEE) confirmed the limited lesion of the middle scallop of the posterior leaflet (P2) with many ruptured chordae tendineae resulting in posterior mitral valve leaflet prolapse (flail of P2 scallop). TEE examination also showed an unusual more echogenic image that seemed to be a group of chordae tendineae with excess tissue in relation with anterior mitral valve leaflet. This structure had an excessive movement encroaching into the left ventricular outflow tract without causing obstruction (Panel A; see Supplementary data online, Movie S1). The surgical inspection confirmed the presence of excessive tissue (a lacy-like pattern) made by non-differentiated chordae tendineae at the level of anterior mitral valve leaflet with partial interchordal space obliteration (Panel C). In this case with complex lesions (exuberant accessory mitral valve associated with isolated chords rupture), the patient underwent mitral valve repair surgery and resection of the unusual structure related to the anterior mitral valve with a successful surgical result (Panel D). This case illustrates a rare association between exuberant accessory mitral valve tissue and not for ruptured chordae tendineae as was the absence of an upward movement back into the left atrium.

Supplementary data are available at European Journal of Echocardiography online.