

# Everything that can go wrong will go wrong

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Kaplan MC, Rehovot

## Clinical Case

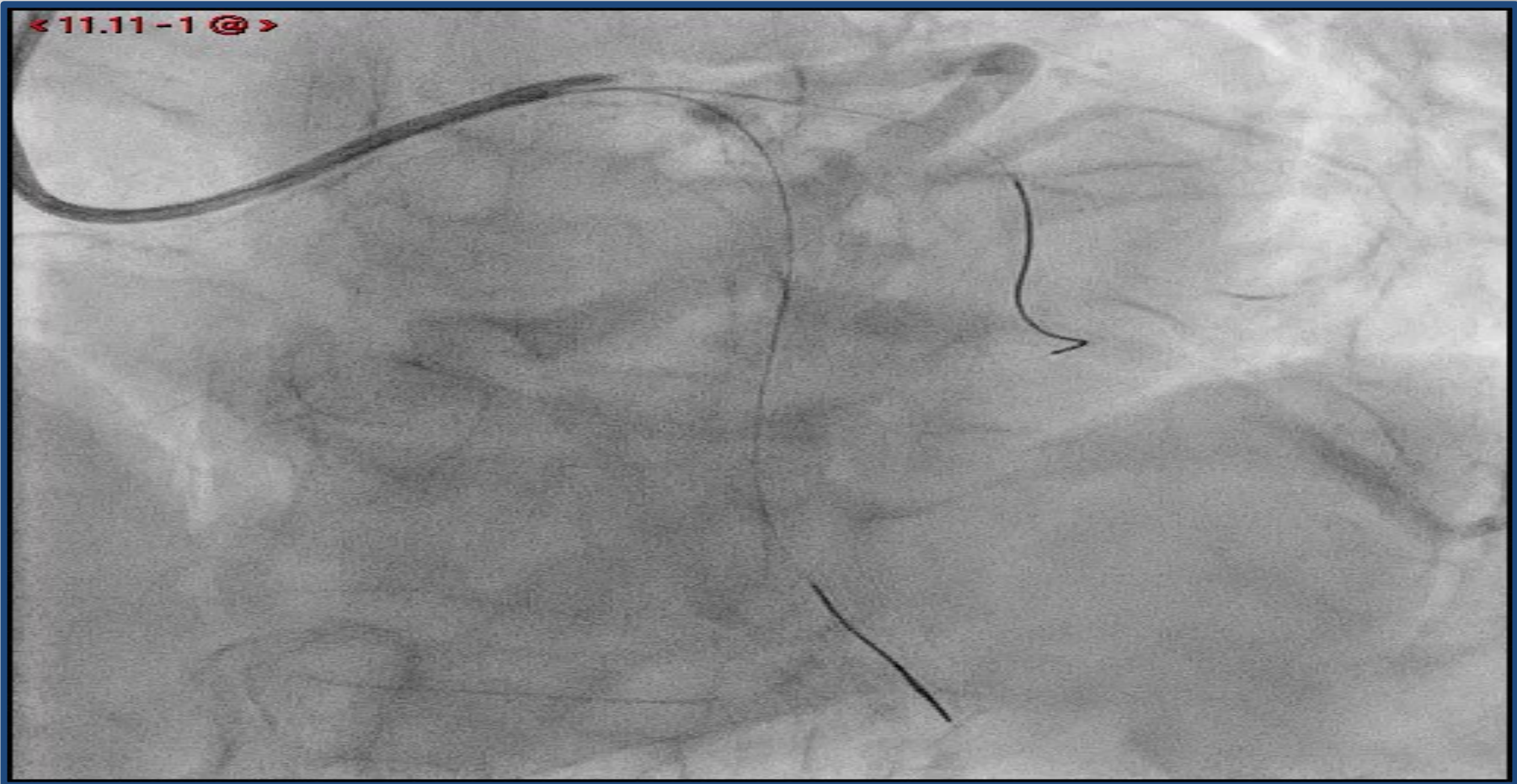
- 72 years old female
- New-onset chest discomfort with pathological Echo stress test
- Cardiovascular History:
  - ◆ Paroxysmal Atrial Fibrillation
  - ◆ Hyperlipidemia
  - ◆ Obesity
  - ◆ Essential Hypertension

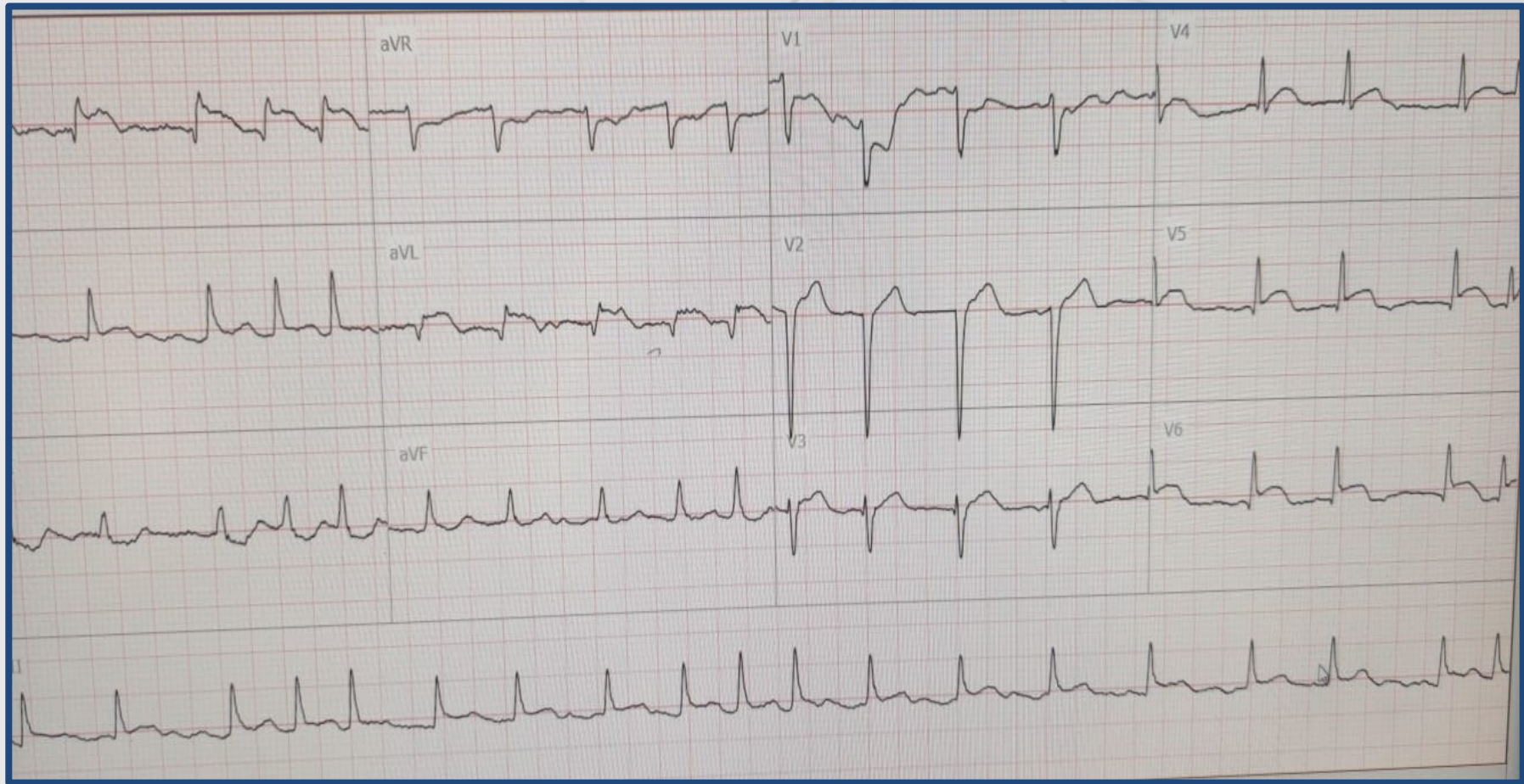
### **Coronary angiography:**

- 80% proximal LAD lesion with large diagonal branch originating from the area of the plaque
- Small marginal branches



<11.11-1 @>

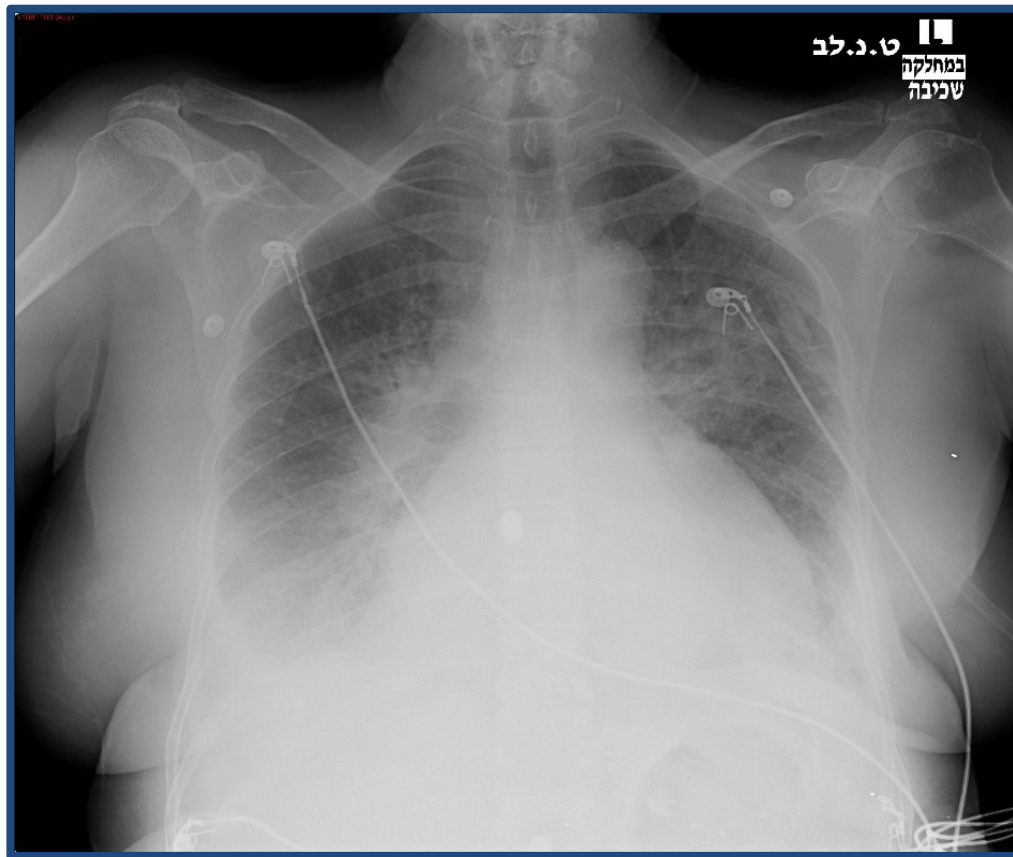




Third day to  
Hospitalization in ICC:

Vital Signs :

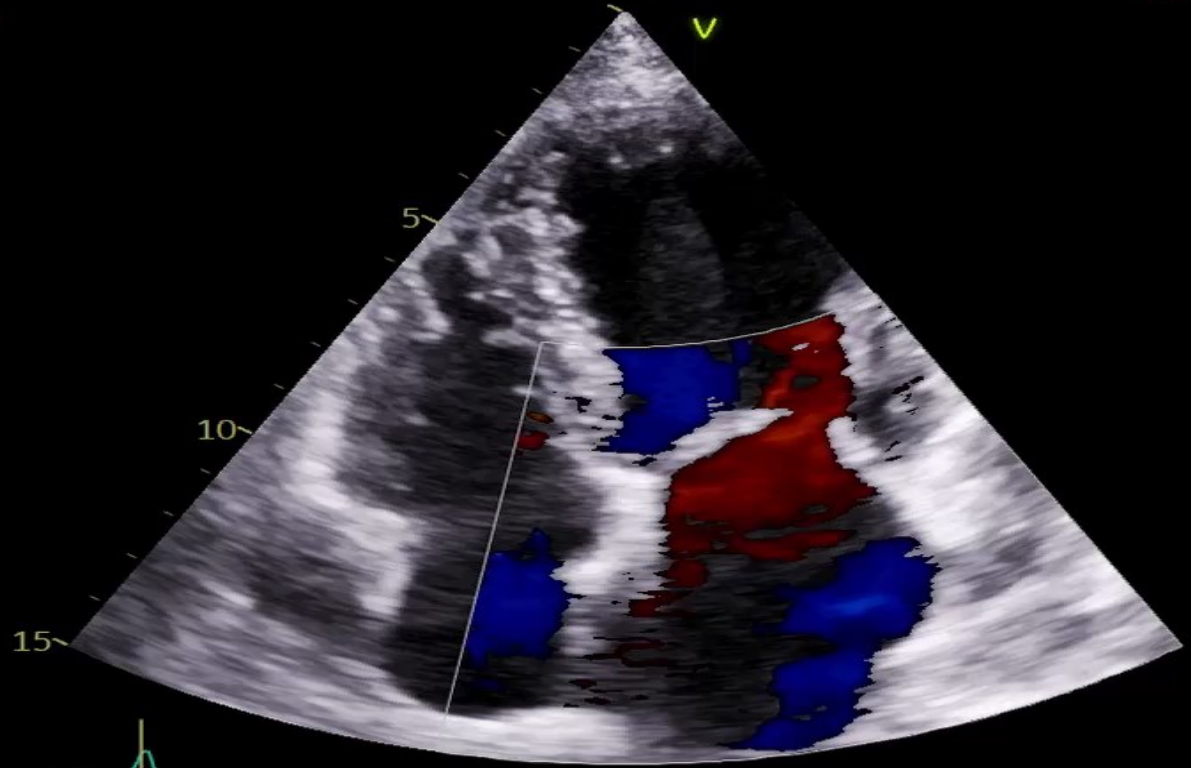
HR- 121, BP- 96/64,  
RR-32, SAT%- 84%



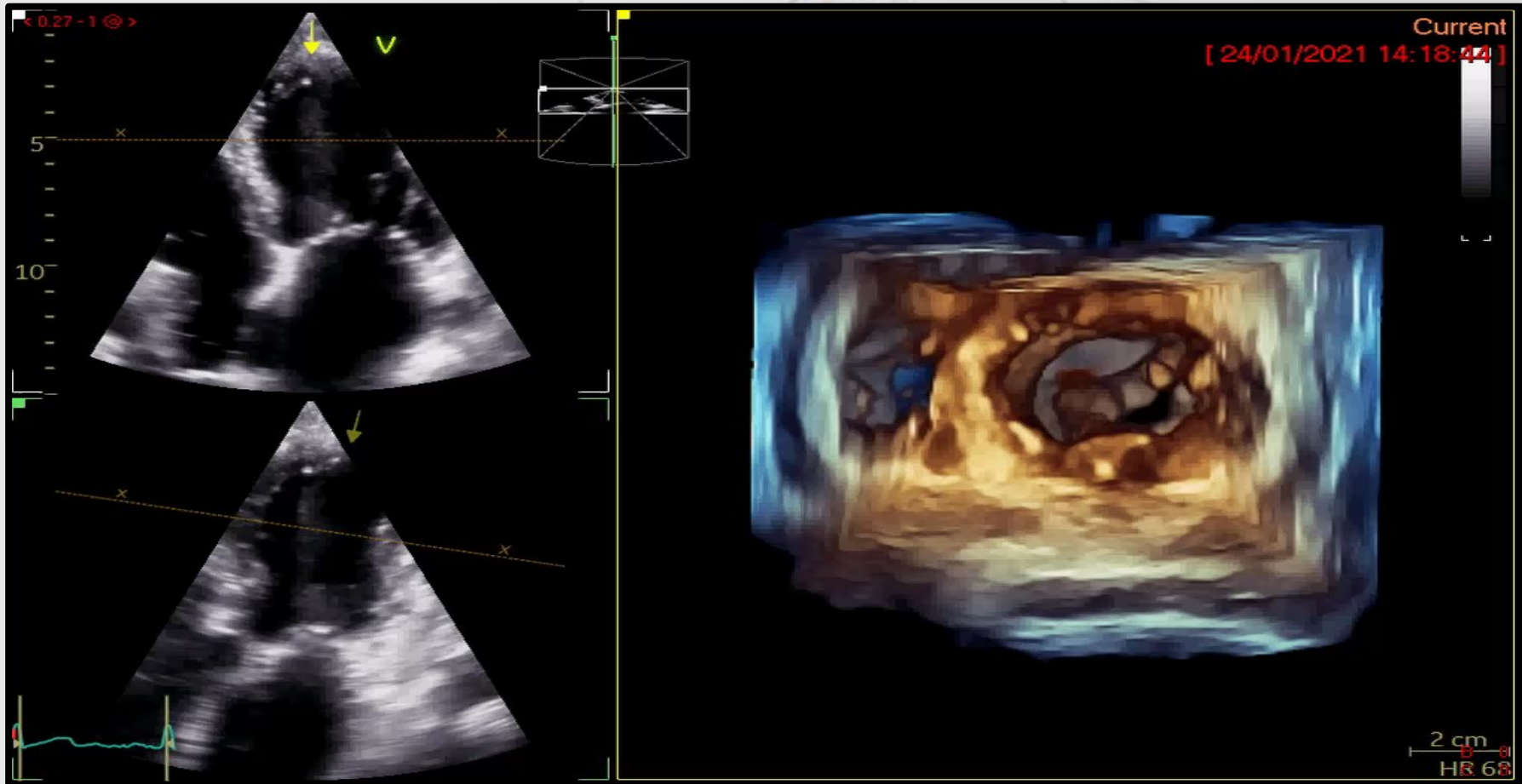
Omer, Ester אסתר, נומר  
ACE 9M.508963, נקבה  
SI:19  
Acc#: 1235001685054  
Study Desc: US CHEST  
< 0.19 -1 @ >

Lossy: Ratio = 19.00  
Findings: 0

91700 X917  
GE Vingmed Ultrasound  
[ 24/01/2021 14:15:50 ]  
Current  
USR  
100% Pixel  
Original Resolution

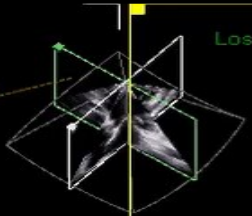
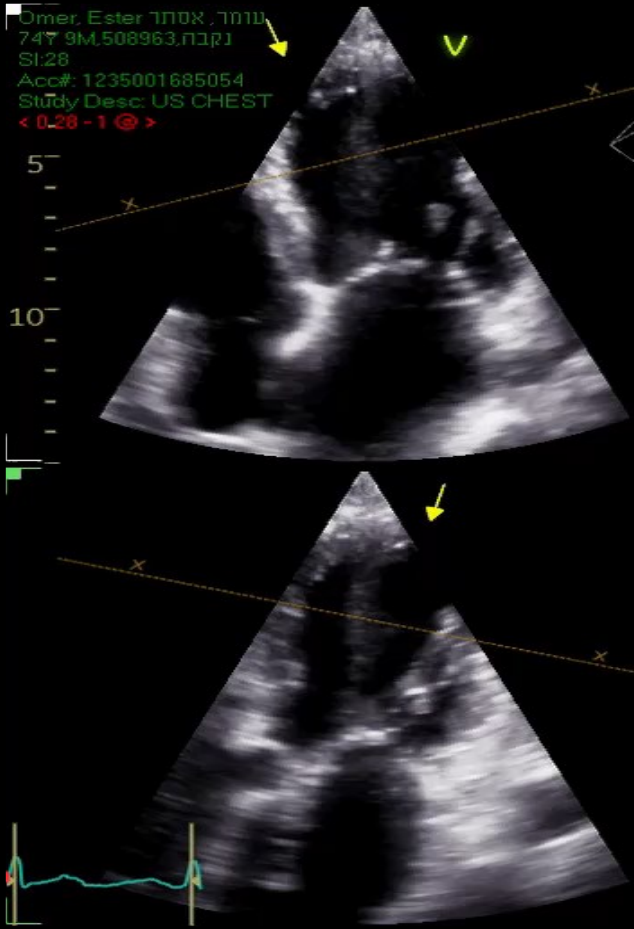


B 69  
CHR





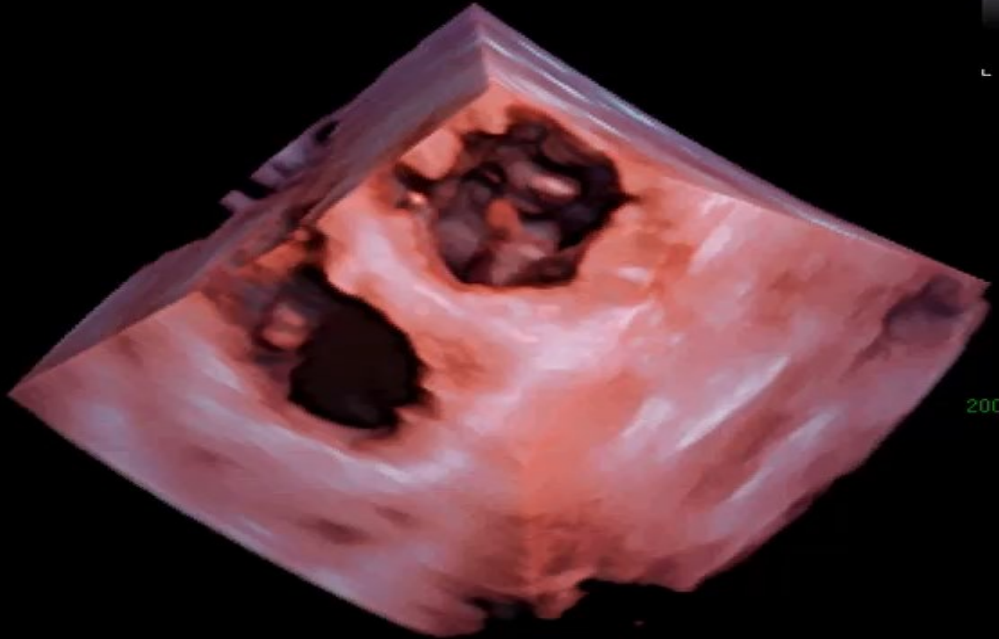
Omer, Ester אסתר, נומר, 747 9M, 508963, נקבה, SI:28  
Acc#: 1235001685054  
Study Desc: US CHEST  
< 0.28 - 1 @ >



Lossy: Ratio = 14.60  
Findings: 0

9917 מחליף  
GE Vingmed Ultrasound  
[ 24/01/2021 14:19:06 ]

Current  
USR  
100% Pixel  
Original Resolution



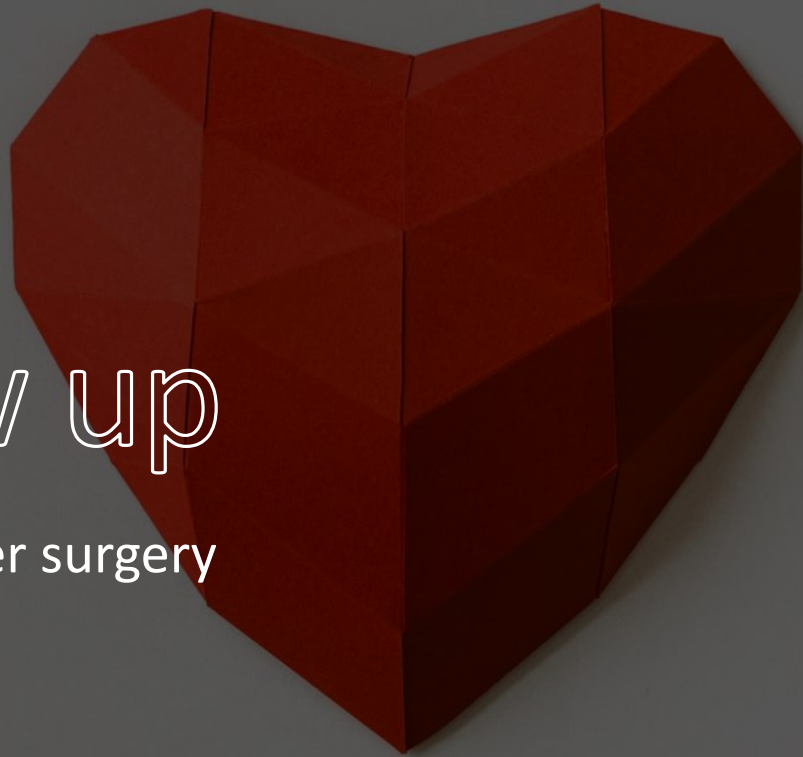
2 cm  
HR 68

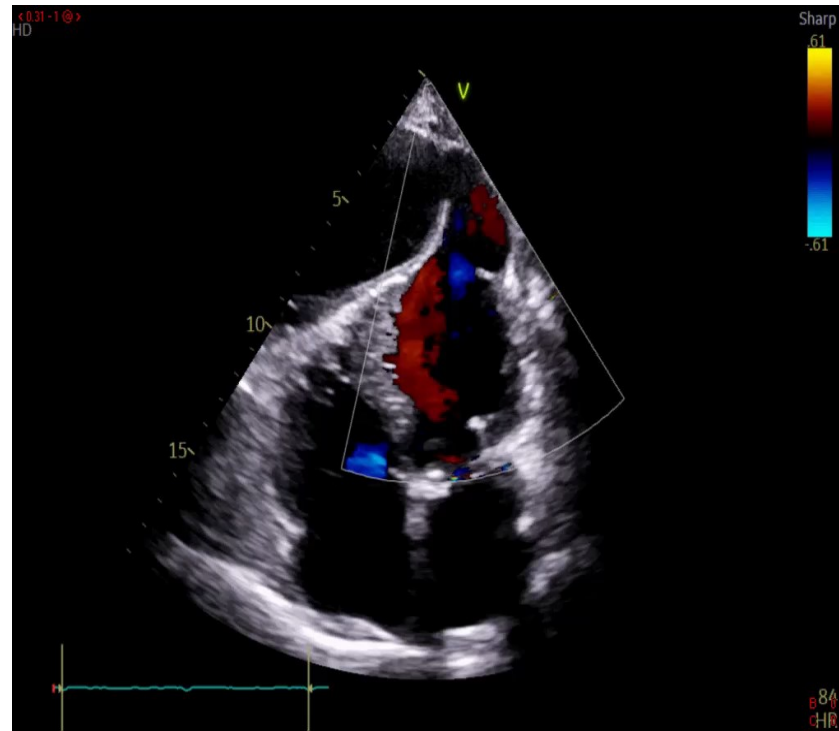


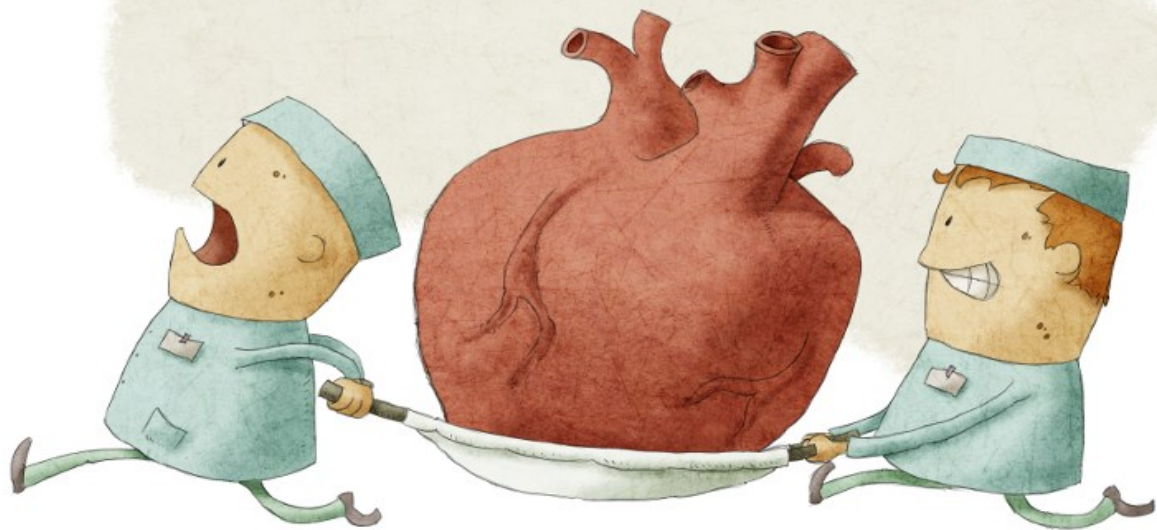
**Salvage MVR  
+ CABG X 1 SVG to LAD**

# Follow up

One month after surgery









Urgent cardiac surgery

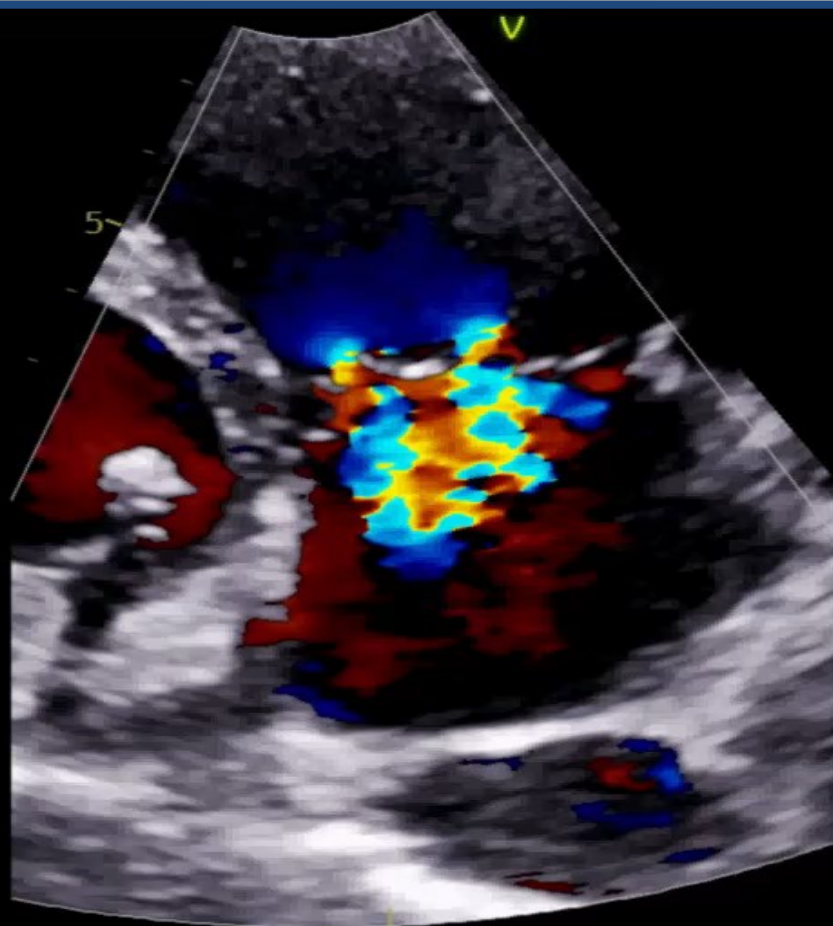


Discharge from ICCU to rehabilitation facility



Heart failure, NYHA 2, LVEF = 30%,

<0.18-1 @>  
ACE



Sharp  
61  
-61



B 52  
CHR





<1,134-1 @>

3D TEE X8 MM

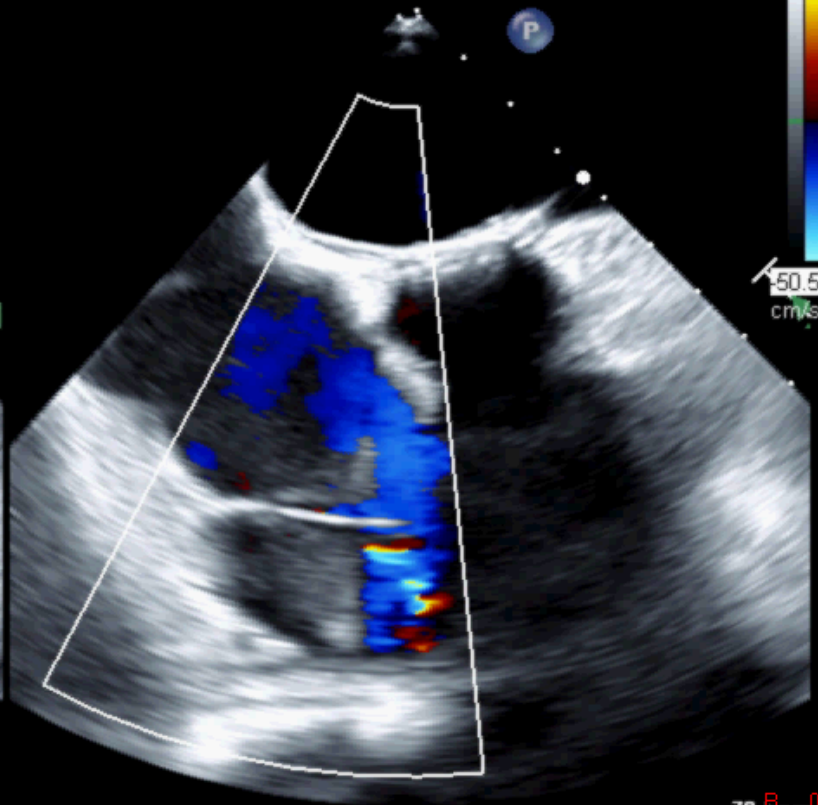
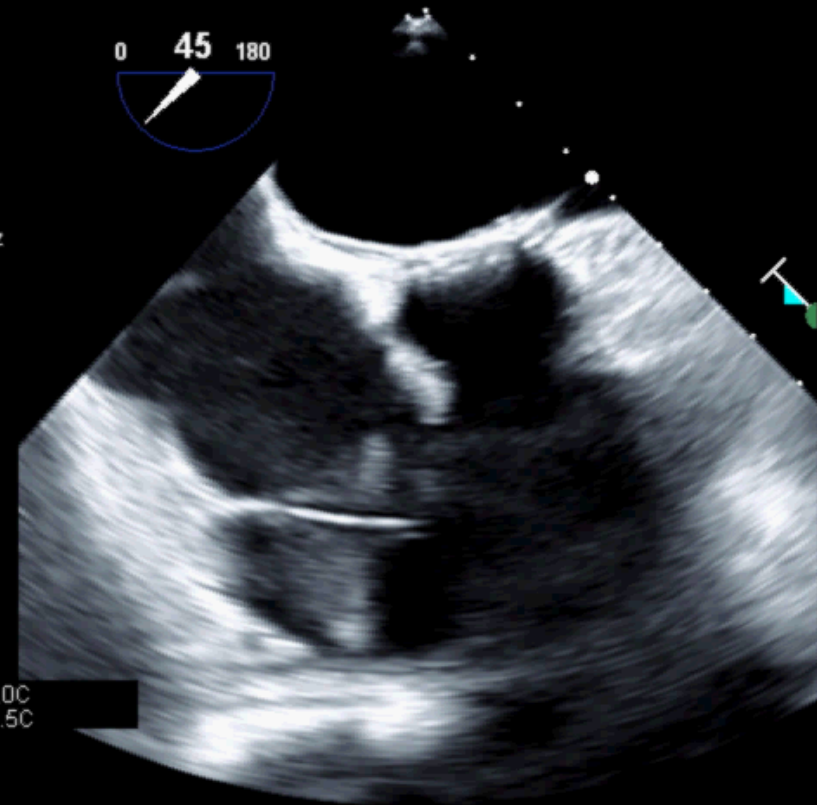
TISO.7

MI 0.4

X8-2t  
21Hz  
12cm

2D  
57%  
C 50  
P Off  
Pen

CF  
48%  
5826Hz  
WF 524Hz  
4.4MHz



PAT T: 37.0C  
TEE T: 38.5C

78 bpm  
C 0

<1.162-1 @>  
3D TEE X8 MM

X8-2t  
13Hz  
8.1cm

2D  
55%  
C 50  
P Off  
Pen

CF  
48%  
7104Hz  
WF 639Hz  
4.4MHz



TISO.7

MI 0.3



PAT T: 37.0C  
TEE T: 38.3C

77 bpm

# Conclusions





Acute mitral regurgitation caused by papillary muscle rupture is a rare but life-threatening complication of myocardial infarction. Urgent intervention is required



Rupture of the anterolateral muscle is less common due to its dual blood supply



Strict follow up including Echocardiography is extremely important.



The clinical presentation of patients with LVPs is varied with paramount importance to early diagnosis.



**Updated**