

Echocardiography and Doppler Imaging In Cardiology: Multi-Valvular Involvement in Chronic Rheumatic Heart Disease

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Editorial

43 year female patient with multivalvular chronic rheumatic heart disease with Transthoracic 2- Dimensional Echo cardiographic (TTE) and Doppler evidence of

1. Severe Mitral valve stenosis MS with Mitral Valve Area (MVA) 1.01cm² with mild to moderate mitral regurgitation, dilated Left Atrial Appendage (LAA).
2. Severe Aortic valvular stenosis with Aortic Valve Area (AVA) 0.74 cm² calculated by continuity equation (CE) with moderate to severe Aortic Regurgitation (AR).
3. Severe Tricuspid Stenosis (TS) with TVA: 0.75 cm² with moderate Tricuspid Regurgitation (TR).
4. Moderate Pulmonary Hypertension (PH) with PAP: 36.4 mmHg.
5. Mild pulmonary stenosis with thickened pulmonary valves [Figures 1-4].

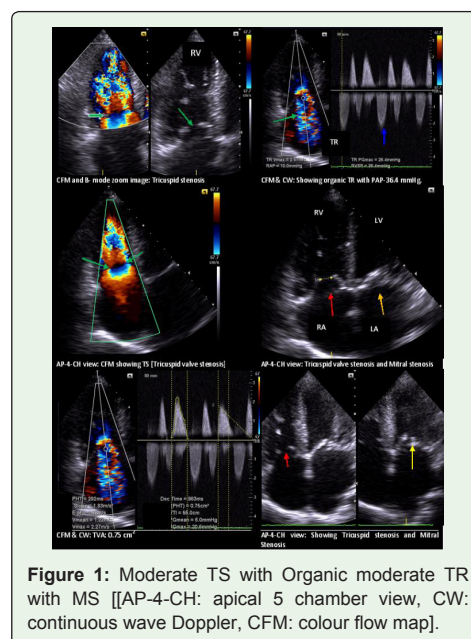


Figure 1: Moderate TS with Organic moderate TR with MS [[AP-4-CH: apical 5 chamber view, CW: continuous wave Doppler, CFM: colour flow map].

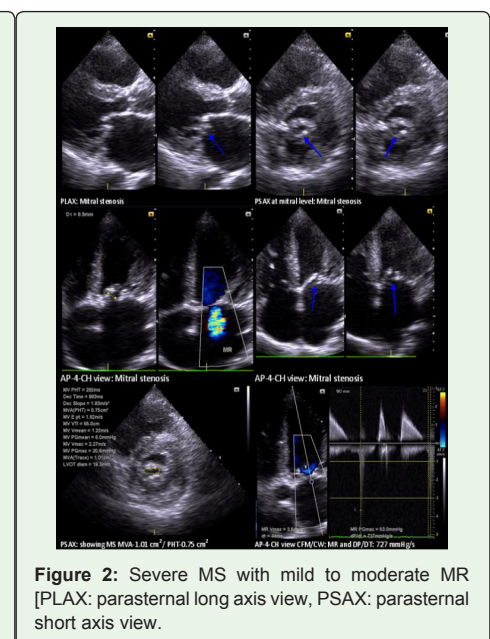


Figure 2: Severe MS with mild to moderate MR [PLAX: parasternal long axis view, PSAX: parasternal short axis view.

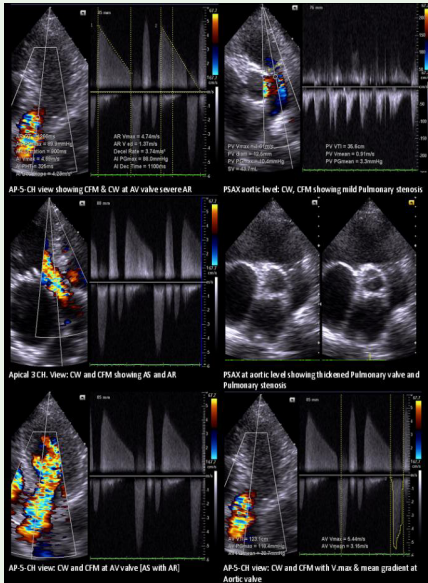


Figure 3: Moderate to severe AR with severe AS with mild PS [AP-5-CH: Apical 5 chamber view, CW: continuous wave Doppler, CFM: Colour flow map].

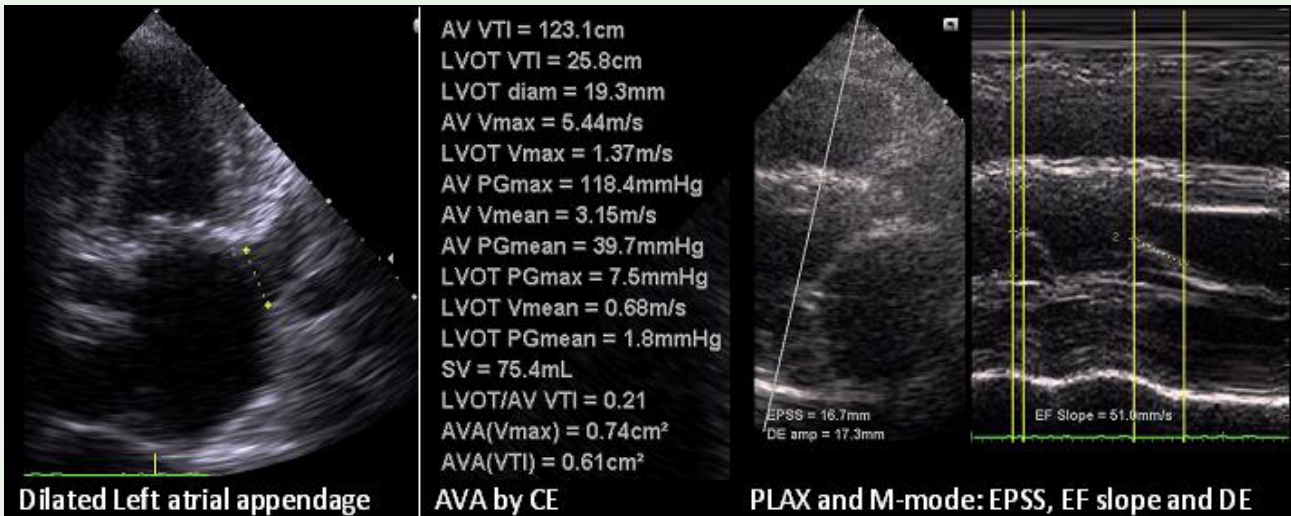


Figure 4: Apical two chamber view showing dilated Left Atrial Appendage (LAA), Severe aortic stenosis (AVA: 0.74 cm²) calculated by Continuity Equation (CE), PLAX with M-mode showing EPSS.