Case Report

Pulmonary Valvular Stenosis Inter Auricular Septal defect

«Patent Ductus Arteriosus».

Gh. Sheikh M. D. Mir Ala, M. D.

From: Dept. of Cardiology and Cardio-Vascular Surgery

Pahlavi Hospital

Tehran University

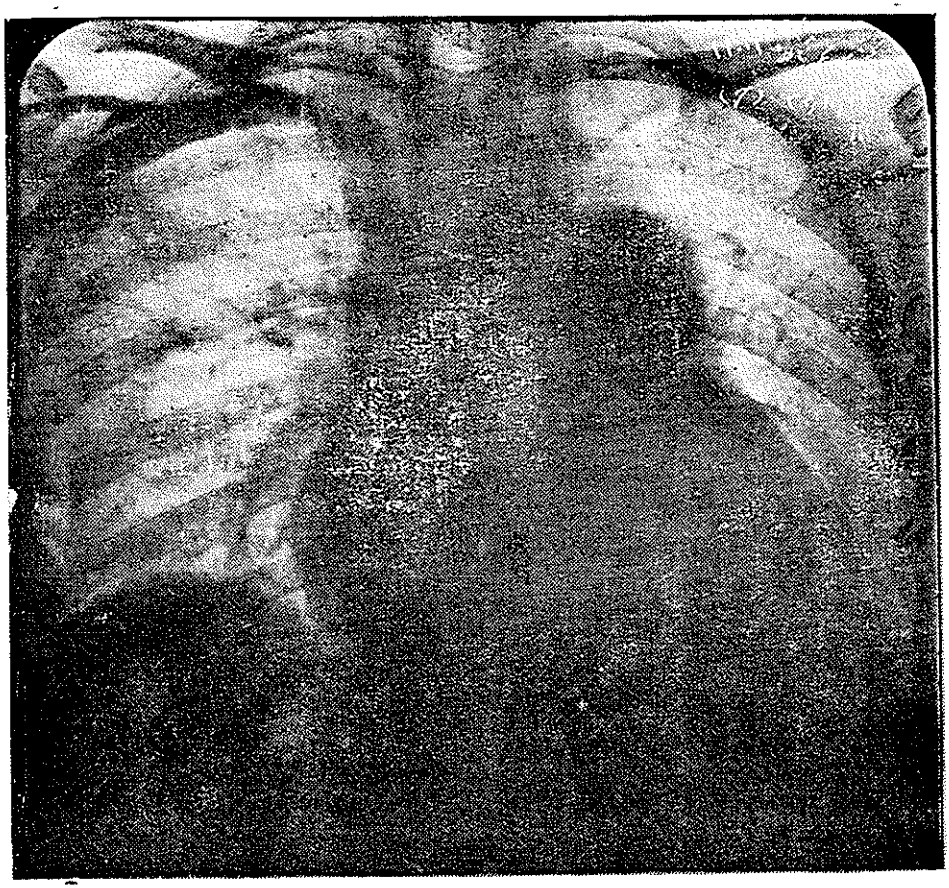
Female M. B 24 years old white from north part of Iran was referred to Pahlavi Hospital (Heart Out-patient Dept.), complaining of dyspnea, orthopnea, and paroxismal palpitation of the heart. She had easy fatigability, precordial pain for three years. Her past history revealed:

She was born as a normal child without cyanosis; she had malaria long time ago; no definite history of other disease could be obtained. Her complaint started at the age of forteen with ankle œdema and bones pain. She was hospitalized for two months at that time, and she used to take medicine for her heart off and on. She had significant cyanosis of the lips and fingers, with clubbing that started three years ago.

In physical examination she had a very faint systolic murmur over the apex of the heart and a grade 2 cystolic murmur over the 2nd left intercostal space without thrill. The heart rate was 90 in a minute, BP $\frac{110}{70}$, the liver was not enlarged, the lungs were normal in X Ray the pulmonary artery was enlarged, slightly hypertrophy of right

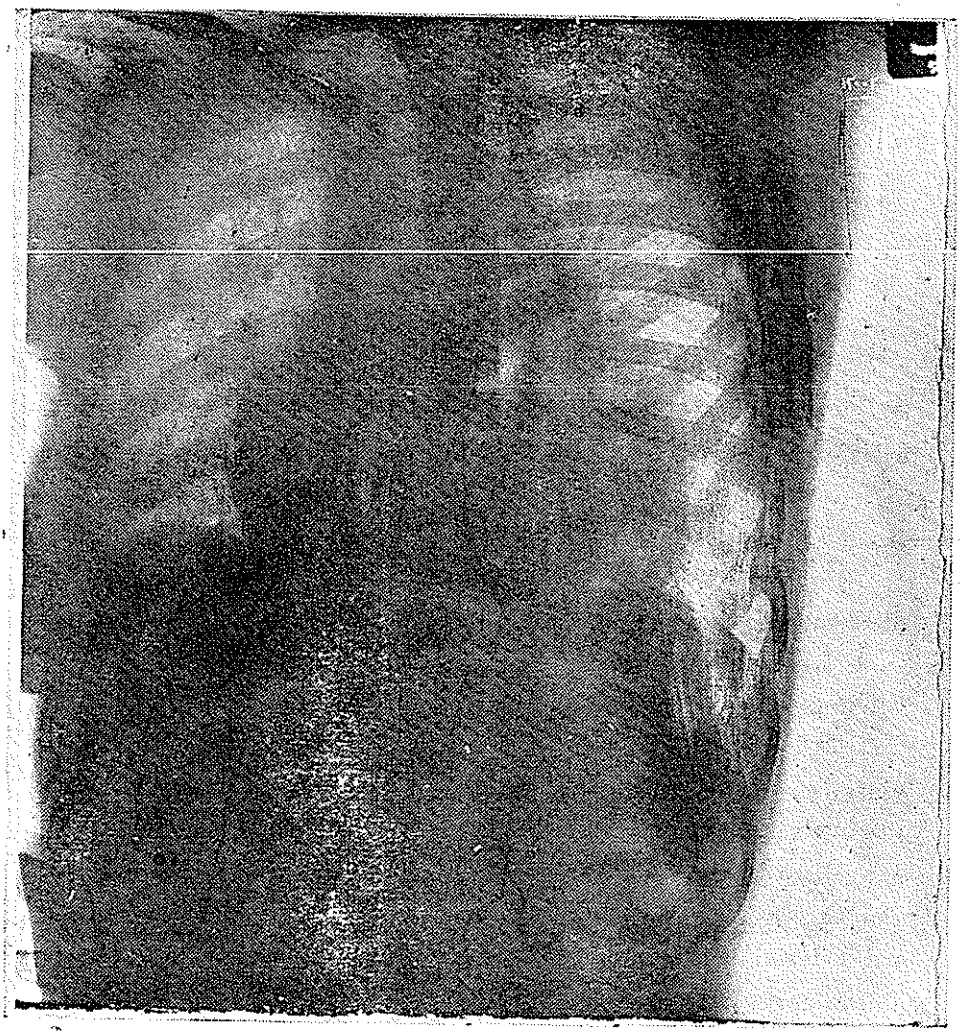
ventricle, in ECG the right axis deviation strain of right ventricle was present. The angiocardiogram of right side of her heart revealed pulmonary valvular stenosis (cardiac catheterization was not possible). She was operated with diagnosis of pulmonary valvular stenosis plus patent fromen avalis, findings in operations were:

Enlarged Right Ventricle, dilated pulmonary artery, thrill over P. A. far from valvular area, but close to the patent ductus arteriosus, the valve of pulmonary artery was a long conus with very small opening. The ventricular septum was normal. The thrill was due to P.D.A. not for P. S. and the aorto pulmonary shunt was minimal. The pulmonary valvulotomy was done with great change in cyanosis of the patient, and P. D. A. with minimal flow was left intact to help the oxydation of



P-A Angiocardiogram

blood, and the closure of septal defect was not indicated, because of great change in cyanosis of the patient.



P–A X–Ray

Le rétrécissement Valvulaire de l'artère pulmonaire associé à une communication interauriculaire et persistance du canal artériel

Observation: Femme, 24 ans, éprouvant depuis trois ans des troubles fonctionnels (dyspnée, orthopnée, tachycardie paroxystique et douleurs précordiales.) Elle est cyanosée depuis l'âge de 14 ans.

Examen du cœur : Un souffle cystolique à l'apex. Un souffle cystolique (grade 2) dans le deuxième espace intercostal gauche.

La T.A. 11-7– P. C. 90 (mi)

R. X.- Légère hyperthrophie du ventricule droit. Artère pulmonaire élargie.

E. C. G. Déviation de l'axe vers la droite

Hypertrophie ventriculaire droite.

L'angiocardiographie montre une sténose valvulaire de l'artère pulmonaire.

La femme a été opérée avec le diagnostic de sténose de l'A. P + communication interauriculaire.

A l'opération, on trouve une dilatation du ventricule droit, un élargissement de l'artère pulmonaire, un rétrécissement de A. P. loin des valvules et près d'un canal artériel persistant.

Le système ventriculaire est normal, il est à la persistance du canal artériel, la valvulotomie pulmonaire est faite, sans toucher le canal artériel afin d'aider la circulation pulmonaire. La cyanose est faible après l'opération.