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References
The list of references is available in the online version of this paper.

CARDIOVASCULAR FLASHLIGHT

Mitral valve dissection: an unusual case of acute severe mitral regurgitation

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A 52-year-old female patient in cardiogenic shock was sent to our hospital. Three years ago, she had suffered from rheumatic aortic endocarditis, which resulted in a sinus valsevala aneurysm and dissection of the anterior mitral leaflet due to a fistula arising from the non-coronary sinus of the aortic root. This was operated by resecting the sinus valsevala aneurysm, occluding the fistula from the ruptured sinus valsevala aneurysm, reconstructing the anterior mitral leaflet with a xenopericardial patch, and implanting a Shelhigh 23-mm stentless aortic prosthesis. During the actual examination, emergency transthoracic (Panel A) followed by transoesophageal echocardiography (Panels B and C, 48° and 123° oesophageal view, respectively) showed dissection of the anterior mitral leaflet (asterisks) with two tears—one tear at the leaflet tip and a second at the base of the anterior leaflet (arrows in Panels B and C)—these perforations causing severe mitral regurgitation (Panel C). Finally, the patient died and, on pathological examination, a dissected anterior mitral valve with two large perforations was found (probe in Panel D). There was extensive fibrinoid necrosis and chronic lymphocytic inflammation of the mitral valves reflecting a relapse of non-infectious rheumatoid-associated endocarditis. AO, ascending aorta; AV, aortic valve bioprosthesis; LA, left atrium; LV, left ventricle; RA, right atrium; RV, right ventricle.