Rupture of posterior chordae following percutaneous mitral balloon valvuloplasty for rheumatic mitral stenosis

A 31-year-old female was referred to our echo-lab due to progressive dyspnea on exertion. In her history, she underwent percutaneous mitral balloon valvuloplasty (PMBV) due to rheumatic mitral stenosis two months ago. Transthoracic echocardiography with color Doppler revealed anterior eccentric mitral regurgitation jet (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com). To clarify mechanism of regurgitation, we performed transesophageal echocardiography (TEE). Two-dimensional TEE demonstrated rupture of chordae on the posterior mitral leaflet (Fig. 2, Video 2. See corresponding video/movie images at www.anakarder.com). Three-dimensional TEE confirmed rupture of chordae at P2 scallop of posterior mitral leaflet (Fig. 3, Video 3. See corresponding video/movie images at www.anakarder.com). She was referred to surgery for mitral valve replacement.

Mitral regurgitation is relatively common after balloon dilatation, but is mostly mild and caused by excessive commissural tearing or slight prolapse of the anterior leaflet. In this report, we describe mitral regurgitation secondary to rupture of posterior chordae following PMBV, rupture of chordae is rare complication of PMBV especially on the posterior mitral leaflet.

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