lymph node biopsy results did not confirm the diagnosis of carcinoid syndrome. The patient's history was also revealed a moderate degree mitral and aortic regurgitation following for three years. At presentation we detected 3/6 pansystolic murmur at the apex and concomitant diastolic regurgitation at the left sternal border. Transthoracic echocardiographic examination with a Philips I33 machine revealed moderate to severe aortic regurgitation and moderate degree mitral regurgitation. Left ventricle was mildly dilated (diastolic diameter 58 mm) but had normal ejection fraction (62%). There was severe degeneration of aortic valve and a suspected perforation of anterior mitral valve at the junction of A2-A3 scallops (Fig. 1). To define the problem more clearly we performed a transesophageal echocardiography which confirmed our suspicion of anterior mitral valve perforation at the A2-A3 area (Fig. 2). Based on these findings we proposed valve surgery to the patient. A mechanical valve (St. Jude No:23) was used for aortic position and mitral valve was repaired with direct suturing at the perforation site (Fig. 3). Pathologic examination of excised aortic valve yielded nonspecific inflammatory infiltrate. Postoperative course was uneventful and the patient discharged at the seventh day with appropriate therapy including agents aimed to dyspeptic symptoms.

Mitral valve perforation is more frequently caused by infective endocarditis (1). However, congenital or iatrogenic causes are also possible (2, 3). In our patient, we did not able to define the underlying problem for mitral perforation. Although the patient did not have recent or past history of infective endocarditis, we could not totally exclude past occurrence of clinically silent aortic valve endocarditis complicated by mitral valve perforation as a possibility described before (4). Although there was no definite diagnosis his quick weight losses and fever may support a possibility of previous infectious event he experienced three years ago. Moreover, relatively late detection of mitral valve problems was also against the congenital presence of perforation.

In conclusion, we can speculate that the patient had mitral valve perforation caused by remote aortic valve endocarditis, which was very unusual clinical presentation.

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A concern on cardiac involvement in swine flu
Domuz gribi ile kalp hastalığı ilişkisi

In early 2009, emerging of swine flu brings attention to medical scientists around the world. Finally, swine flu is classified as a new variant of H1N1 influenza virus infection. Since H1N1 influenza virus infection is already confirmed for possible cardiac involvement (1, 2), the concern on the swine flu infection is important in cardiology. Although there is no present specific report mentioning for cardiac manifestation in swine flu and it is needed to closely monitor all infected cases for possible cardiac involvement.

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