A 65-year-old man presented with a history of progressive dyspnea for two months and new-onset palpitation. He had no history of any cardiac disease such as congestive heart failure or endocarditis. On physical examination, his blood pressure was 100/60 mmHg, pulse rate 125 beats per minute, respiration rate 20 per minute, and oxygen saturation 85% while breathing ambient air. Auscultation revealed an apical 4/6 pansystolic murmur and pulmonary crackles on both lower lungs. ECG showed atrial fibrillation with rapid ventricular response. X-ray demonstrated moderate cardiomegaly and signs of pulmonary congestion. Transthoracic echocardiography showed a severe eccentric anteriorly directed mitral regurgitation jet that encircled the entire left atrium (Fig. A, *Video 1); there was no mitral leaflet thickening or restricted motion. Transesophageal echocardiography was performed to determine the etiology of the mitral regurgitation and showed a severe eccentric anteriorly directed mitral regurgitation jet that encircled the entire left atrium with large posterior mitral leaflet aneurysm (Fig. B, *Video 2). The patient was referred to the cardiac surgery unit to perform mitral valve repair.

A rare disease causing mitral regurgitation: posterior mitral leaflet aneurysm
Mitral yetersizliğe neden olan nadir bir hastalık: Arka mitral yaprakçık anevrizması

Figures—(A) Mid-esophageal apical long-axis view showing a severe eccentric anteriorly directed mitral regurgitation jet that encircled the entire left atrium. (B) Mid-esophageal long-axis view showing large posterior mitral leaflet aneurysm. *Supplementary video files associated with this presentation can be found in the online version of the journal.