

# IMAGES in PAEDIATRIC CARDIOLOGY

Abqari S, Rabbani MU, Meshram HS, Gupta A. RCC prolapse causing Aortic regurgitation in a restrictive VSD. *Images Paediatr Cardiol* 2015;17(1):4-6.

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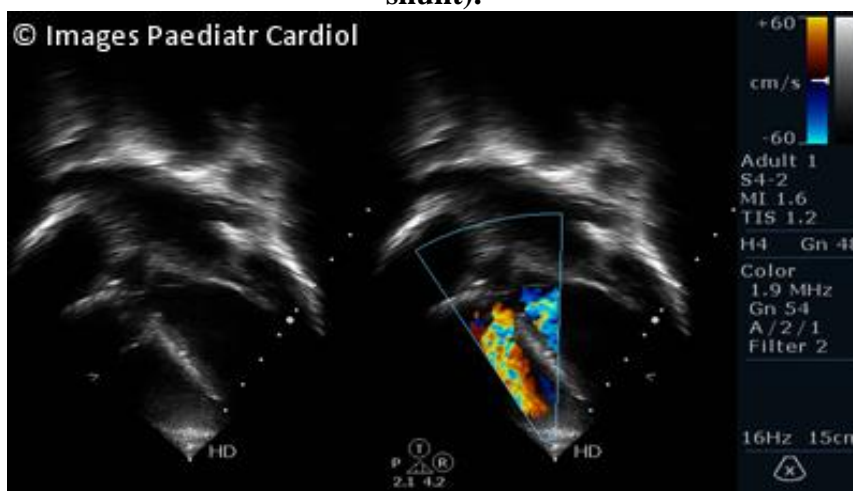
## Introduction

The incidence of aortic right coronary cusp (RCC) prolapse in outlet ventricular septal defect (VSD) is reported at 5%- 16%.<sup>1-3</sup> Detection of RCC prolapse is critical in patients with outlet VSD because this complication may cause permanent aortic regurgitation. Aortic regurgitation occurs due to a poorly supported RCC combined with the venturi effect due to the VSD jet resulting in cusp prolapse.<sup>4</sup> This is an indication for VSD closure even if VSD is small and restrictive.<sup>5,6</sup>

## Case

An 8 month old baby presented to us with poor weight gain and recurrent episodes of fast breathing. On examination a grade 4 pan-systolic murmur was present at the lower left sternal area with a grade 3 diastolic murmur at the second right intercostal space. Echocardiogram showed a restrictive outlet VSD with RCC prolapse resulting in significant aortic regurgitation (figures 1-3). The child was immediately sent for VSD closure.

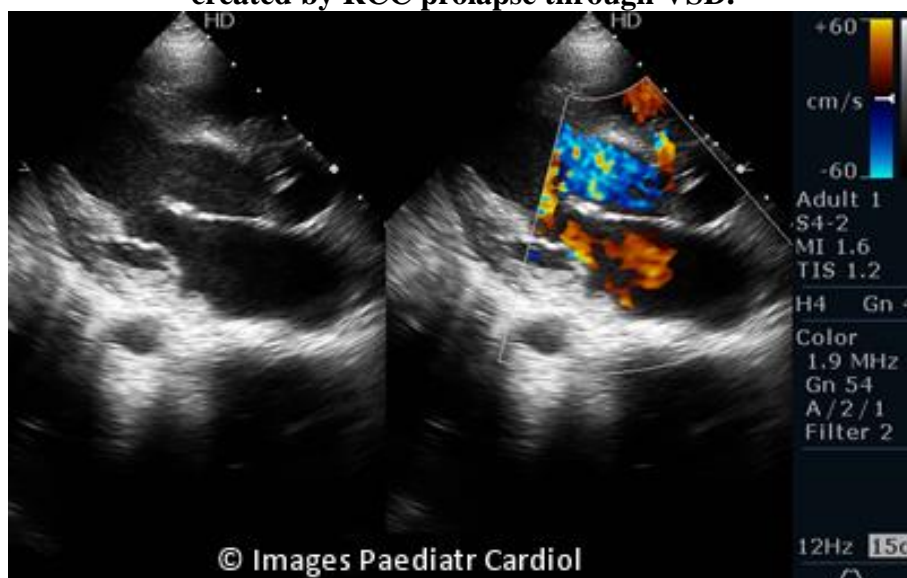
**Figure 1: Apical 4 chamber view showing subaortic restrictive Ventricular septal defect (L-R shunt).**



**Figure 2: Parasternal Long axis view showing significant RCC prolapse.**



**Figure 3: Parasternal Long axis view showing Aortic Regurgitation through venturi effect created by RCC prolapse through VSD.**



## References.

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