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journal homepage: www.elsevier.com/locate/ihj**Case Vignette****Severe biventricular hypertrophy mimicking infiltrative cardiomyopathy in old man with pulmonary stenosis and systemic hypertension****Süleyman Çağan Efe^{*}, Gokhan Kahveci, Ruken Bengi Bakal, Suzan Hatipoğlu Akpınar, Tuba Unkun, Nihal Ozdemir**

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ABSTRACT

Hypertrophic biventricular cardiomyopathy is a rare finding and generally caused by systemic infiltrative diseases. Its association with pulmonary stenosis in same patient is even rarer. We report a case report of male patient with biventricular hypertrophy coexisting with pulmonary valve stenosis and systemic hypertension.

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A 68-year-old male was admitted to outpatient clinic with exertional dyspnea. He had uncontrolled hypertension for about 20 years. Physical examination revealed 3/6 systolic ejection murmur near left upper parasternal region radiating to neck. His blood pressure was 190/95 mm Hg, heart rate was regular, 84 beat per minute and blood arterial saturation was 98% without oxygen administration. His electrocardiogram was normal except for signs of left ventricular hypertrophy. Transthoracic echocardiography revealed severe biventricular hypertrophy and maximum gradient of 140 mm Hg across the thickened pulmonary valve with dilatation of poststenotic segment of pulmonary artery (Fig. 1A–D, video). There was no

left ventricular outflow obstruction, aortic stenosis, aortic coarctation or sign of cardiac shunt in color Doppler analysis. The left ventricular hypertrophy was presumed to be consequent upon uncontrolled long-term systemic hypertension. The patient refused any interventional treatment or surgical correction. Antihypertensive medication was initiated.

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Hypertrophic biventricular cardiomyopathy is a rare finding and generally caused by systemic infiltrative diseases.^{1,2} Further, association of this condition with pulmonary

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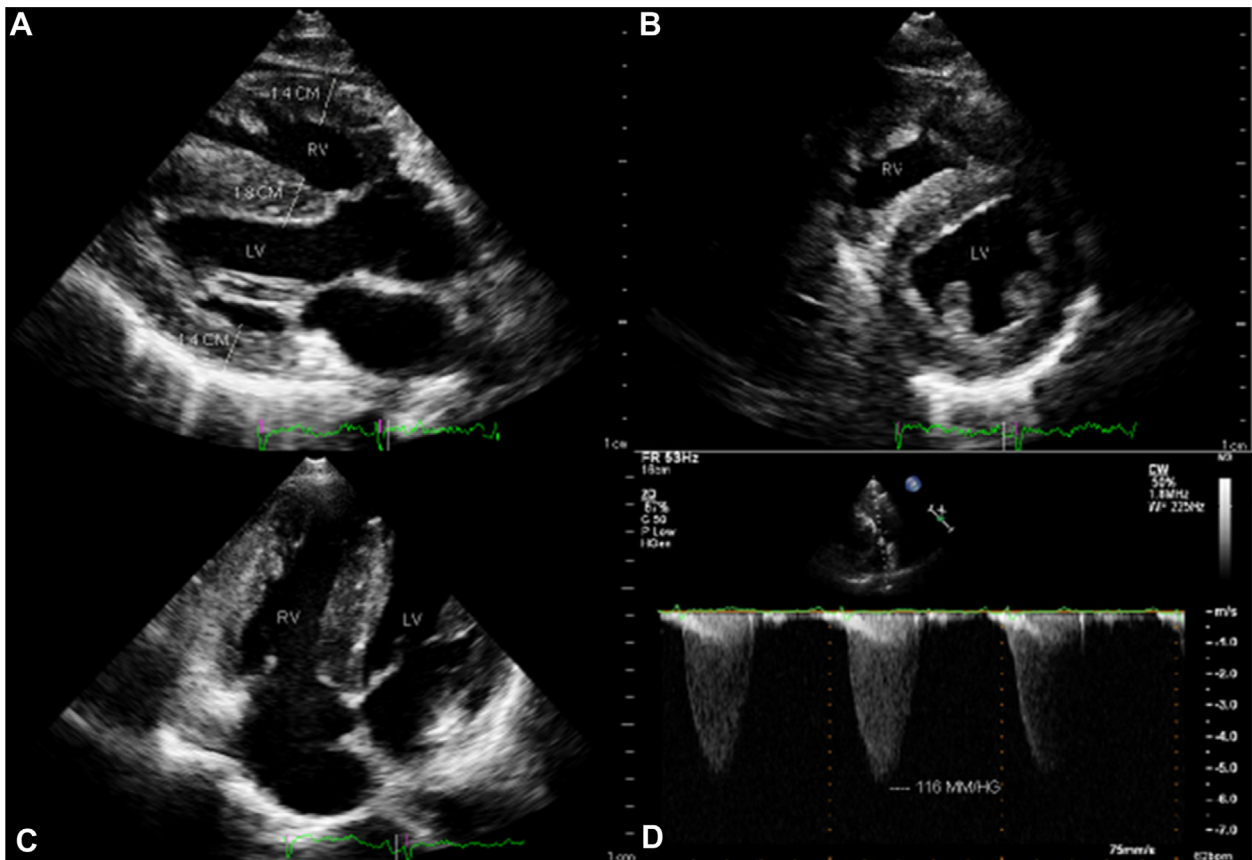


Fig. 1 – A: Parasternal long axis view biventricular hypertrophy. B: Parasternal short axis view biventricular hypertrophy. C: Apikal four chamber view biventricular hypertrophy. D: Pulmonary artery pulse wave Doppler gradient.

stenosis in same patient is even rarer. We report a case of a male patient wherein biventricular hypertrophy coexisted with unrelated pathologies like pulmonary valve stenosis and systemic hypertension.

Conflicts of interest

The authors have none to declare.

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