Case report

“A trefoil sign” in patient with myectomy for hypertrophic obstructive cardiomyopathy

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A 38-year-old man symptomatic with exertional dyspnoea (NYHA III) and angina (CCS II) was diagnosed with hypertrophic obstructive cardiomyopathy.

Transthoracic echocardiography (Panel A.1. parasternal long-axis view, A.2. short-axis view) demonstrated pronounced asymmetric septal hypertrophy (septal wall thickness 31 mm) with supranormal left ventricle systolic function (ejection fraction 80%), resting systolic anterior motion of mitral valve, left ventricle outflow tract (LVOT) obstruction with a peak rest gradient 19 mmHg and 76 mmHg after provoking test and an unusual finding of the mitral valve resembling a trefoil, which we called “a trefoil sign”. It is caused by a redundant tissue of the anterior leaflet of the mitral valve (Fig. 1).

Patient underwent a successful surgical myectomy, with a gradient reduction to 7 mmHg and clinical effect (NYHA I).

Transthoracic echocardiography during a follow up visit after procedure (Panel B.1 parasternal long-axis view) presented a persisting finding of a “trefoil” sign of the mitral valve (Panel B.2, parasternal short-axis view).

Conflict of interest

The authors disclaim any conflict of interest.

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Ethical statement

The research was done according to ethical standards of our institution.

Informed consent

Informed consent was not obtained as no personal information or identifiable images of patient were published in this case report.

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