

Ebstein's anomaly, noncompaction cardiomyopathy, and mitral valve stenosis

Anomalia de Ebstein, não Compactação Miocárdica e Estenose Valvar Mitral

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A 29-year-old woman who was previously diagnosed with Ebstein's anomaly was referred for magnetic resonance imaging of the heart due to progressively worsening dyspnea on exertion.

Cardiac magnetic resonance images (Siemens Essenza 1.5T) showed right atrial dilation and low insertion of the tricuspid valve septal leaflet. The patient also presented with increased left ventricular trabeculation characteristic of noncompaction cardiomyopathy and signs of posterior mitral leaflet restriction secondary to probable rheumatic valvular disease.

Authors' contributions

All authors contributed equally to the design, data collection and description of the case.

Conflict of interest

The authors have declared that they have no conflict of interest.

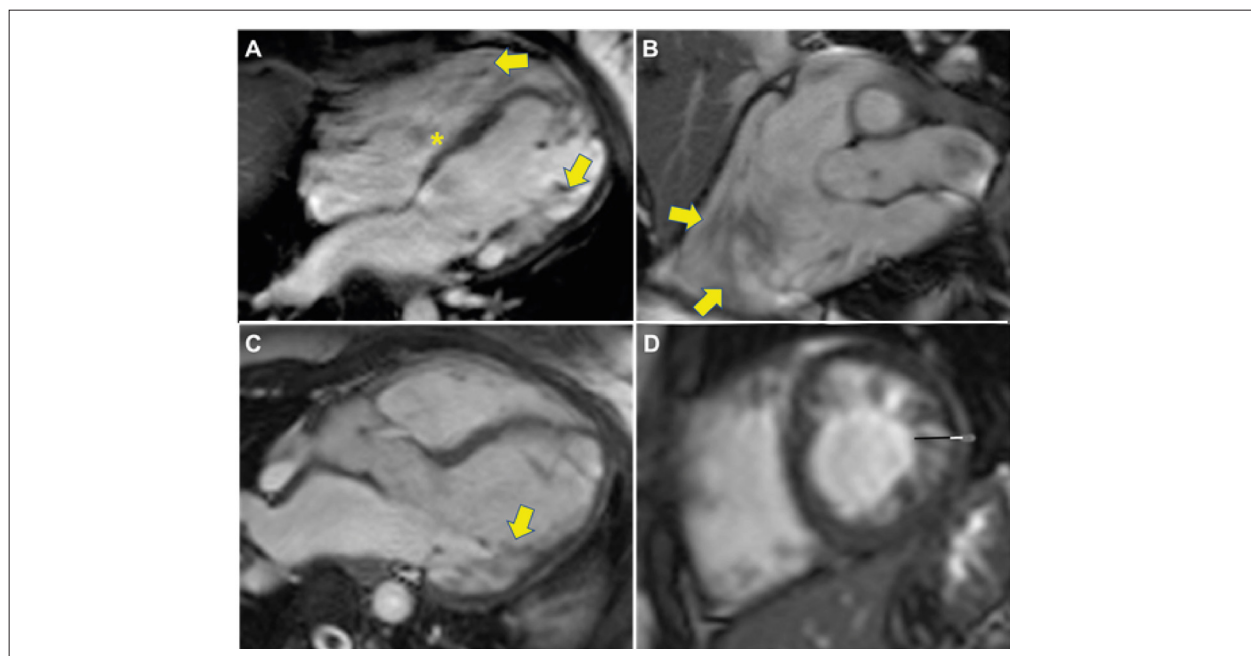


Figure 1 – Cardiac magnetic resonance. (A) Low tricuspid insertion, right ventricular atrialization (asterisk), and biventricular noncompaction (arrows). (B) Increased trabeculation of the right ventricle (arrows). (C) Three-chamber view: papillary muscle malformation (arrow) and ventricular remodeling. (D) Short axis: compacted and noncompacted myocardial thickness (estimated thickness ratio, 2.9 – white and black arrows).

Keywords

Ebstein's anomaly; Magnetic resonance imaging; Mitral valve stenosis.

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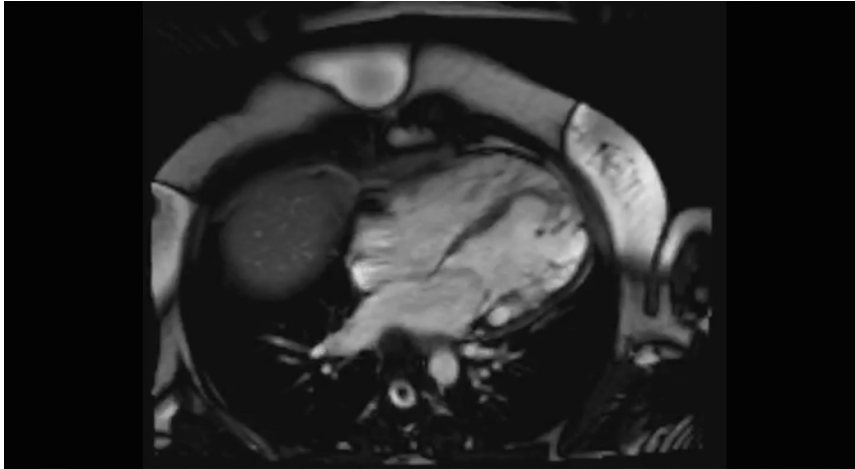
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Images



Video 1 – Cine magnetic resonance imaging (four-chamber) showing noncompaction cardiomyopathy. There was also low insertion of the tricuspid valve with right ventricular atrialization associated with valvular regurgitation jet. The mitral valve showed decreased leaflet mobility, especially in the posterior leaflet.