34-year-old woman who had a mitral valve replacement (MVR) was referred with severe dyspnea. She was anticoagulated with warfarin and international normalized ratio values were therapeutic on admission. Cardiopulmonary examinations were unremarkable except for systolic murmur at left sternal border. Transthoracic echo-cardiography (TTE) revealed a mean-diastolic mitral transvalvular gradient of 6 mm Hg, mitral valve area of 3.2 cm², and elongated anterior mitral chordae tendinae (CT) obstructing the left ventricular outflow tract (LVOT) during systole (Figure 1). Doppler TTE showed severely increased LVOT of 60 mm Hg with normal aortic valves (Figure 2). The patient underwent surgery and the false reattachment of chordopapillary apparatus of mitral anterior leaflet (MAL) was detected and successfully resected (Figure 3). Postoperative TTE revealed disappearance of LVOT obstruction and clinical course of the patient was uneventful (Figure 4). The negative effect of the loss

Severe Left Ventricular Outflow Obstruction Due to the False Reattachment of Chordopapillary Apparatus of Mitral Anterior Leaflet: Original Image

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of annulo-ventricular continuity has been documented by a large number of studies and preservation of the CT and papillary muscles in MVR has been known and a wide variety of techniques have been described for total chordal preservation. These techniques differ primarily in the location where the MAL and CT are inserted in the mitral annulus. Two primary problems generally encountered with CT preservation during MVR: interference with the prosthesis and LVOT obstruction.

REFERENCES
