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CARDIOVASCULAR FLASHLIGHT

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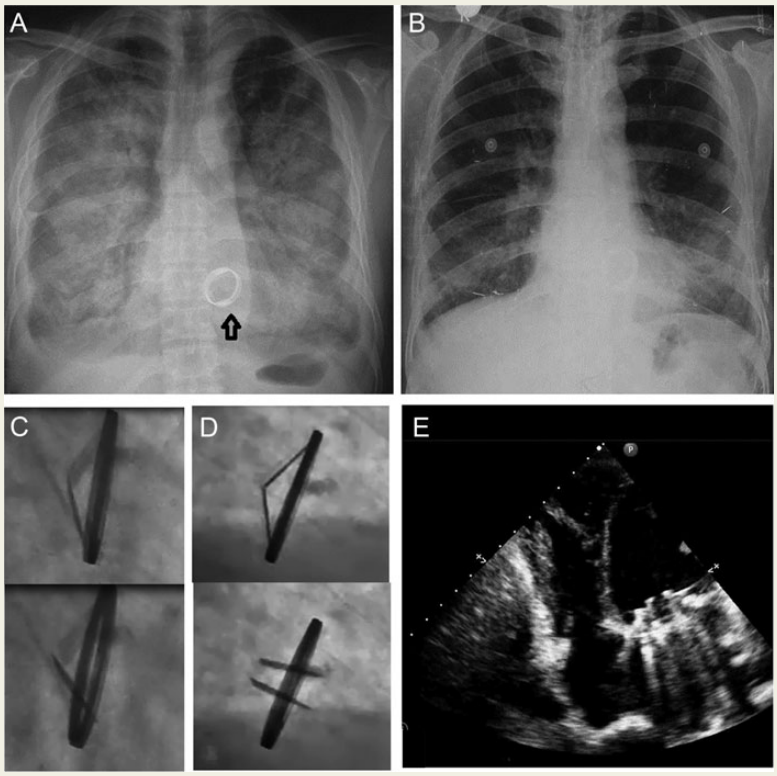
Vanishing pulmonary oedema, a visual delight!

Sudhir Suryakant Shetkar, Shrenik R. Doshi, and Sandeep Seth*

Department of Cardiology, A.I.I.M.S, Ansari Nagar, New Delhi 110029, India

* Corresponding author. Tel: +91-11-26593322, Fax: +91-11-26588663, Email: drsandeepseth@hotmail.com

A forty-two year male patient with bileaflet mechanical mitral valve prosthesis presented with sudden onset breathlessness and haemodynamic collapse. He was in New York Heart Association (NYHA) class IV status with a pulse rate of 120 b.p.m. and blood pressure of 90/60 mmHg. Bilateral extensive crepitations over lung fields could be auscultated. He had stopped oral anticoagulation for past 15 days and had a subtherapeutic international normalized ratio of 1.5.



Urgent transthoracic echocardiogram revealed an elevated mean diastolic gradient (MDG) of 37 mmHg across mitral prosthesis and cine-fluoroscopy (Supplementary material online, *Video S1* and *Panel C*) showed completely immobile one leaflet with restricted movement of the other leaflet, confirming prosthetic heart valve thrombosis (PHVT). Considering imminent threat to the life and non-availability of surgical team due to logistic issues, thrombolysis with streptokinase was considered. He received an accelerated thrombolytic regime with 1.5 million unit streptokinase intravenously over 1 h followed by 100 000 units per hour continuous infusion. There was significant clinical improvement within 6 h of therapy, with opening of both valve leaflets (*Panels D* and *E*; Supplementary material online, *Videos S2* and *S3*) and fall in MDG to 6 mmHg. The pre- (*Panel A*) and post- (*Panel B*) therapy chest radiograph taken 24 h apart, showing complete resolution of pulmonary oedema, is testimony for this dramatic clinical response.

Though surgery is recommended treatment for left-sided prosthetic valve thrombosis, thrombolytic therapy is still the first line therapy for PHVT in countries with limited resources. This case demonstrates utility of thrombolytic therapy in managing PHVT.

(*Panel A*) Chest Roentgenogram at presentation shows mitral prosthetic valve (black arrow) and pulmonary oedema. (*B*) Chest Roentgenogram at 24 h shows complete resolution of pulmonary oedema. (*C*) Cine-fluoroscopy shows completely immobile one leaflet with partial movement of other leaflet of the bileaflet mechanical mitral prosthetic valve, confirming prosthetic heart valve thrombosis. (*D*) Completely opened both leaflets of mitral valve prosthesis on cine-fluoroscopy and (*E*) on transthoracic echocardiography.

Supplementary material is available at *European Heart Journal* online.