ACCESSORY MITRAL TISSUE CAUSING LVOT OBSTRUCTION – A CASE REPORT

A 28 year old male, euglycemic, normotensive, non smoker was admitted for evaluation of low heart rate. He gave no history of giddiness/syncope/chest pain on exertion. Clinical examination revealed heart rate of 40/min, a BP of 130/90 mm Hg and a grade 3/6 ejection systolic murmur in the 2nd right intercostal space. ECG revealed complete heart block and left ventricular hypertrophy by voltage criteria. Transthoracic echocardiography revealed accessory tissue attached to the anterior mitral leaflet looping against the interventricular septum during systole causing turbulence and LVOT obstruction with a maximum gradient of 55 mm Hg, and concentric LVH with good LV function. Transesophageal echocardiography confirmed these findings.

Surgical excision of the accessory mitral tissue was performed followed by permanent pacemaker implantation (DDDR). Postoperative echocardiography demonstrated no residual accessory tissue attached to the AML and no significant gradient across the LVOT (maximum gradient 6 mm Hg). Biopsy of the excised mitral tissue showed fibromyxomatous tissue.

This is an interesting case as there are very few reported cases of accessory mitral tissue causing LV outflow tract obstruction. We attribute the complete heart block in this case to a congenital defect, independent of the accessory tissue.

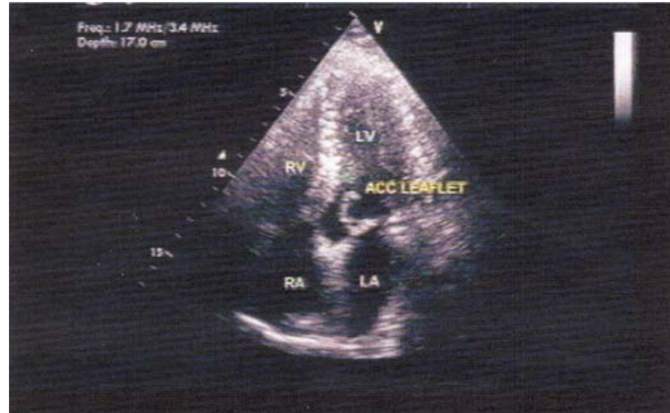

Fig 4: Transthoracic Echocardiography showing acessory mitral leaflet tissue attached to AML

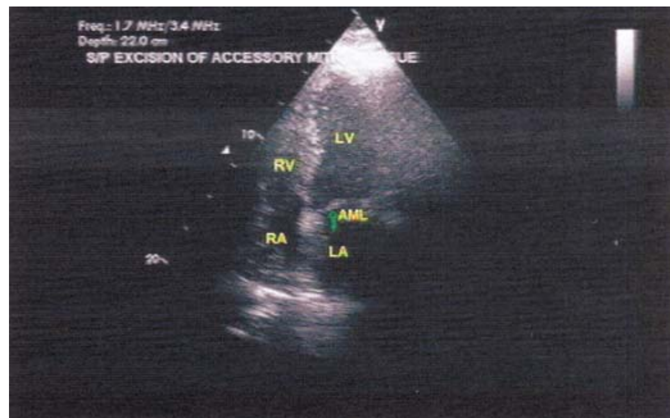

Fig 5 : Post operative echocardiography with no residual accessory leaflet

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