

Carcinoid Heart Disease

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A 35-year-old male with history of ileal carcinoid tumor referred to our ER with bilateral pedal edema. Physical examination was significant for jugular venous distention and a holosystolic murmur at the lower left sternal border. The echocardiogram revealed thickened, retracted and completely non-mobile tricuspid valve leaflets (Figure 1, Video 1) which

failed to coapt in systole, resulting in severe tricuspid regurgitation. The pulmonary valve was also affected leading to severe pulmonary insufficiency but there was no left-sided valvular involvement. A diagnosis of Carcinoid Heart Disease was made and the patient underwent a successful tricuspid and pulmonary valve replacement.

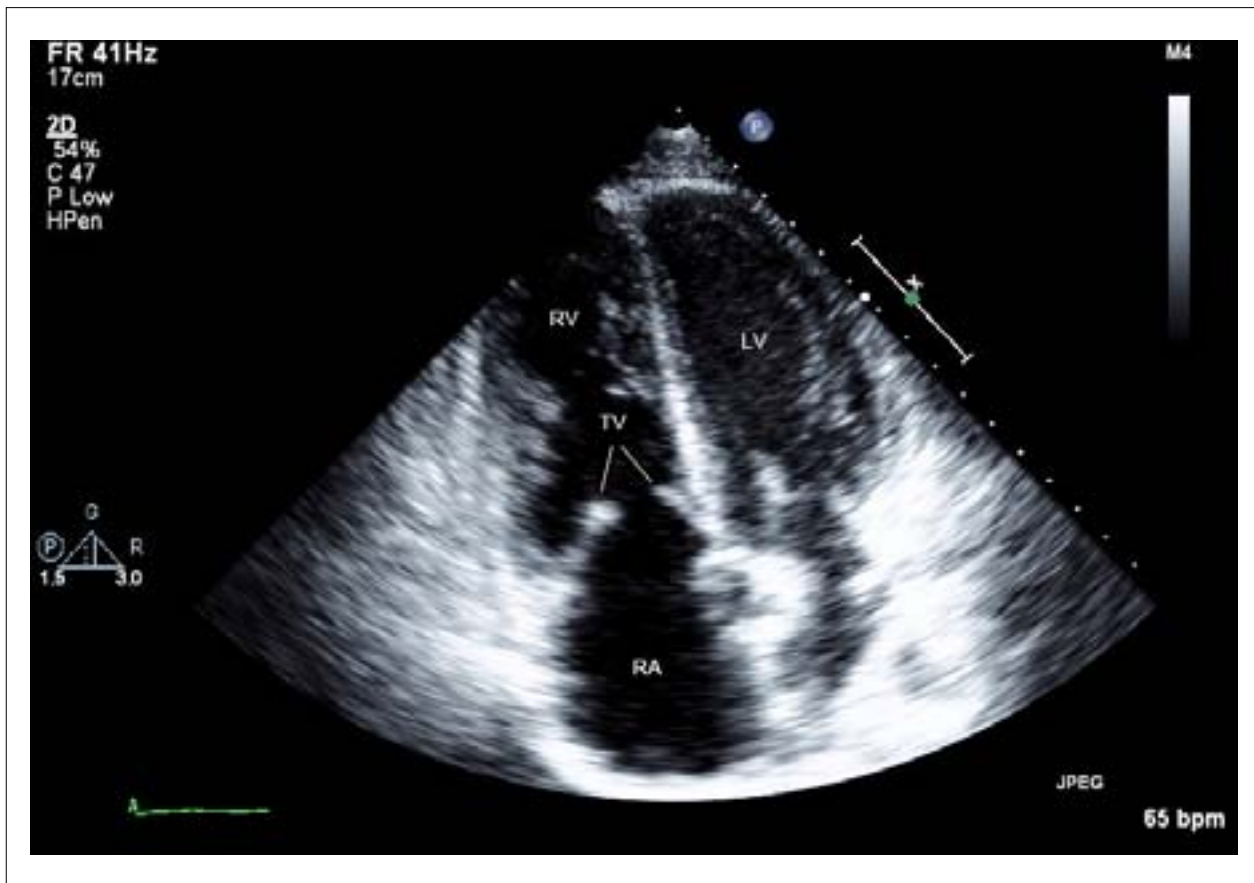


Figure 1 - Apical four chamber view showing thickened, retracted and completely non-mobile tricuspid valve leaflets.

Keywords

Carcinoid Heart Disease; Tricuspid Valve Stenosis; Pulmonary Valve Stenosis.

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Video 1 (Click on image to see the video) - Apical four chamber View showing thickened, retracted and completely non-mobile tricuspid valve leaflets.