

# A patient with parachute tricuspid valve: a case report

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Young female patient aged 42 who has been in intermittent hemodialysis program via *Tesio* catheter for 11 years following bilateral nephrectomy performed because of renal carcinoma, has been recently diagnosed with catheter sepsis (*Enterococcus faecalis* sepsis). Transthoracic echocardiography was performed and small left coronary aortic cusp vegetation on aortic side of the valve has been visualized (3x3 mm in size), with no signs of valve dysfunction. Patient has been treated with vancomycin, without permanent catheter extraction since no other vascular access for hemodialysis was available and sepsis was very well medically controlled. Nevertheless, coincidentally, rare anomaly of tricuspid valve has been also demonstrated. One single, dominant hypertrophied, abnormal placed papillary muscle has been visualized having root attachment in the apex of the right ventricle with relatively short chordae tendineae (Figure 1, Figure 2). Only mild tricuspid regurgitation has been verified, with no signs of tricuspid stenosis. Right ventricle function and size seemed to be normal. These characteristic morphological features will likely present the case of a parachute tricuspid valve anomaly. Also, interestingly, significantly hypertrophied papillary muscles in small, hypertrophied left ventricle have been shown. Magnetic resonance of the heart was also performed, showing normal sized and shaped right ventricle (EDV 110 ml), having normal systolic function (EF 66%), with no signs of other congenital

heart defects or abnormal masses in the cavity of the right ventricle. Parachute tricuspid valve anomaly is very rare congenital heart disease that has not yet been thoroughly investigated.<sup>1-3</sup> It is presented with one single dominant papillary muscle in the right ventricle, resulting in tricuspid valve regurgitation, stenosis or uncommonly, like in our case, normally functioning valve.

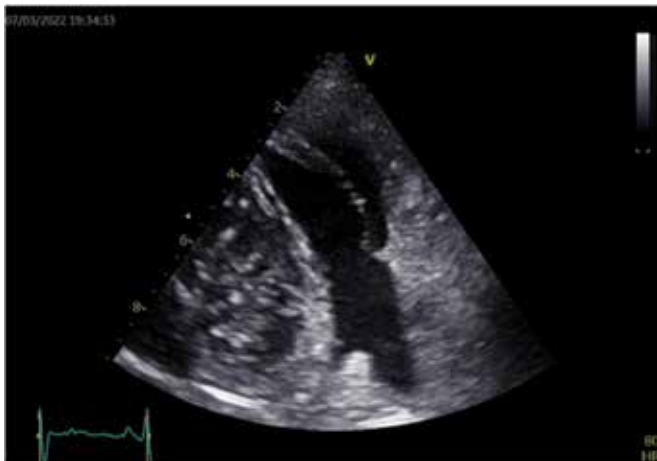


FIGURE 1. Transthoracic two-dimensional right ventricular inflow view showing one single hypertrophied papillary muscle.

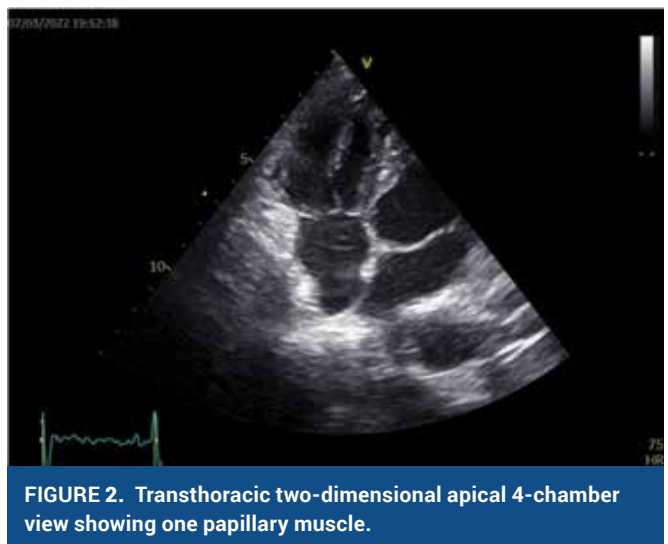


FIGURE 2. Transthoracic two-dimensional apical 4-chamber view showing one papillary muscle.

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## LITERATURE

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