

Ruptured Papillary muscle mimicking culture negative endocarditic: An atypical presentation



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Abstract

This case report seeks to highlight an interesting case of a ruptured papillary muscle mimicking a mitral valve vegetation post myocardial infarction (MI).

We present a 59-year-old male with no comorbidities with a 1-week history of intermittent left-sided chest pain and exertional dyspnoea who was diagnosed and managed initially as a late presentation of Acute Coronary Syndrome (ACS). Significantly he had a new onset pansystolic murmur, ischaemic changes in the inferior leads on ECG, raised troponins and a predominantly right sided pulmonary oedema on chest X-ray. Echocardiogram demonstrated severe mitral valve regurgitation and mitral valve vegetation. Inpatient coronary angiogram demonstrated 100% stenosis to the right coronary artery.

He received a 6 weeks course of antibiotics for culture negative endocarditis, with a plan in place for mitral valve replacement surgery.

Interestingly, he was found to have a papillary muscle anatomy variant during surgery. It was rupture of this small papillary muscle head due to the right coronary infarct that created the severe mitral

regurgitation with the piece of the papillary muscle head moving in and out of the ventricle thus mimicking vegetation.

This is a rarely documented occurrence in the literature and thus another example of an atypical presentation of a commonly highlighted post MI complication.



Biography:

Dr Natassja Moriarty completed her MBBS degree with Honours in 2015 at the University of the West Indies, Jamaica. She is currently an FY2 in Cardiology at the Furness General Hospital. She has published a case report in a reputed journal and is

currently working towards entering the IMT training programme in the UK.

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