Isolated Biventricular Noncompaction- An Undefined Entity
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CASE REPORT
A 62 year old male non hypertensive non diabetic with no significant family history presented with complaints of dyspnoea NYHA grade II since last 2 years. No history of chest pain, no history of palpitations, No history of cerebrovascular accidents or any neurological deficit. No history of blackouts, giddiness.

Clinical examination revealed nothing significant except raised jugular venous pressures.

Transthoracic echocardiography revealed LV and RV noncompaction with mild LV systolic dysfunction (50%), Healed vegetation with ruptured chordae of anterior mitral leaflet, Grade 2 mitral regurgitation, Grade 2 tricuspid regurgitation with moderate pulmonary artery hypertension, Bialtrial enlargement with no clot.
Noncompaction of ventricular myocardium is characterised by multiple prominent ventricular trabeculations with deep intertrabecular recesses. In the present patient, the diagnosis of left ventricle noncompaction was undoubted; however, visualization of the right ventricle was more difficult due to its irregular shape. Therefore, diagnosis of right ventricular noncompaction seems to be more difficult. An important differential diagnostic consideration is the presence of prominent trabeculations as a common variant of normal hearts, but these, however, most often course from the free wall to the ventricular septum. In the patient reported here, the ventricular septum was almost normal and the noncompaction affected the free wall and the apex of the right ventricle.

REFERENCES:


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