Indian J Med Res 156, October & November 2022, pp 697-698 DOI: 10.4103/ijmr.IJMR\_287\_19

## Clinical Image



## Isolated sub-aortic obstruction – A cause of left ventricular outflow tract obstruction



Video available at *https://journals.lww.com/ijmr* 

A seven year old girl<sup>†</sup> presented in July 2018 to the department of Cardiology, CC Shroff Memorial Hospital, Hyderabad, India, with complaints of exertional palpitations along with increased precordial pulsations. Auscultation revealed a faint ejection systolic murmur, grade II with normal heart sound and no adventitious sounds.

Electrocardiography did not reveal any chamber hypertrophy (Fig. 1). Echocardiography demonstrated

<sup>&</sup>lt;sup>†</sup>The child's ascent and parent's consent obtained to publish clinical information and images.

<sup>© 2023</sup> Indian Journal of Medical Research, published by Wolters Kluwer - Medknow for Director-General, Indian Council of Medical Research

a spur-like projection (solid arrow, four-chamber view) into the left ventricular outflow tract (LVOT) at its junction with the basal interventricular septum, under the aortic valve (Fig. 2A-D). Color flow mapping across it displayed turbulence in the form of mosaic color pattern, and Doppler interrogation measured peak gradient of 15.8 mmHg. There was no evidence of aortic regurgitation with a normal morphological trileaflet aortic valve and no other associated congenital heart defect (Video).

She was closely followed up clinically with the advice of echocardiography every six months.

There was no progression of symptoms and a mild gradient across the LVOT with no aortic regurgitation over the next two years.

## Conflicts of Interest: None.

Pankaj Jariwala Department of Cardiology, CC Shroff Memorial Hospital, Barkatpura, Hyderabad 500 001, Telangana, India pankaj\_jariwala@hotmail.com

Received February 19, 2019