

심초음파로 진단된 비관통성 심손상에 의한 삼첨판 파열 1예

조성민 · 서기열 · 김미선 · 차주현 · 김화정 · 박시훈 · 신길자

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= Abstract =

A Case of Ruptured Tricuspid Valve Due to Nonpenetrating Cardiac Injury Detected by Echocardiography

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Cardiac contusion is an increasingly recognized entity in patients with nonpenetrating chest injury. Unfortunately, the diagnosis of cardiac trauma, particularly cardiac contusion, is imprecise and may be confounded by the presence of associated injuries, hypoxia, shock, and metabolic abnormalities. Symptomatic cardiac injury following blunt chest trauma is relatively rare, and valvular injury is even rarer. The valves most commonly affected are mitral and tricuspid. Although tricuspid regurgitations are usually asymptomatic and can resolve spontaneously, recent developments in echocardiography made possible the precise diagnosis of valvular injuries noninvasively. The authors report the case of tricuspid regurgitation incidentally detected by echocardiography in a construction worker who had suffered multiple fractures.

KEY WORDS : Posttraumatic tricuspid regurgitation · Echocardiography.

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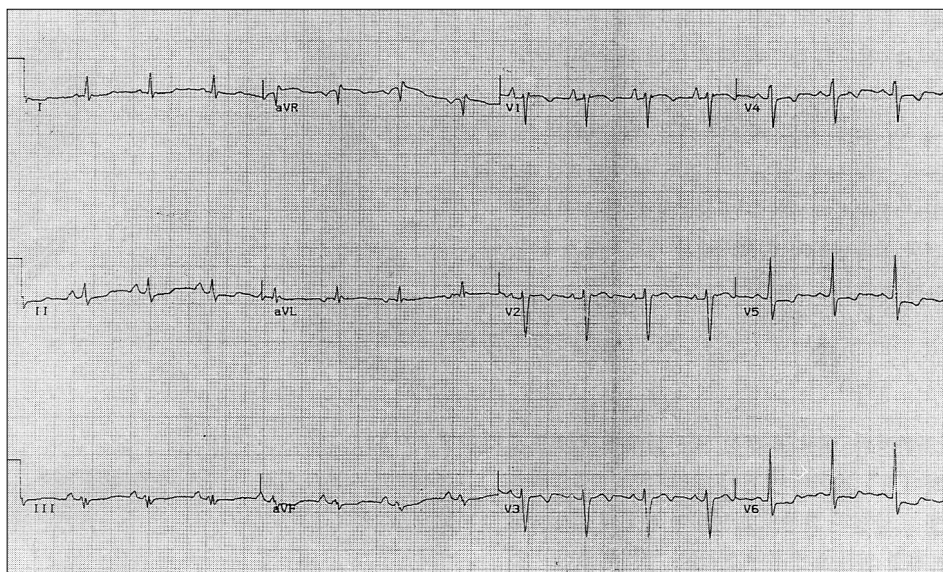


Fig. 2. The electrocardiogram shows ST depression in V5-V6 and T wave inversion and flattened on V2-V6, I, aVL suggested nonspecific ST-T change.

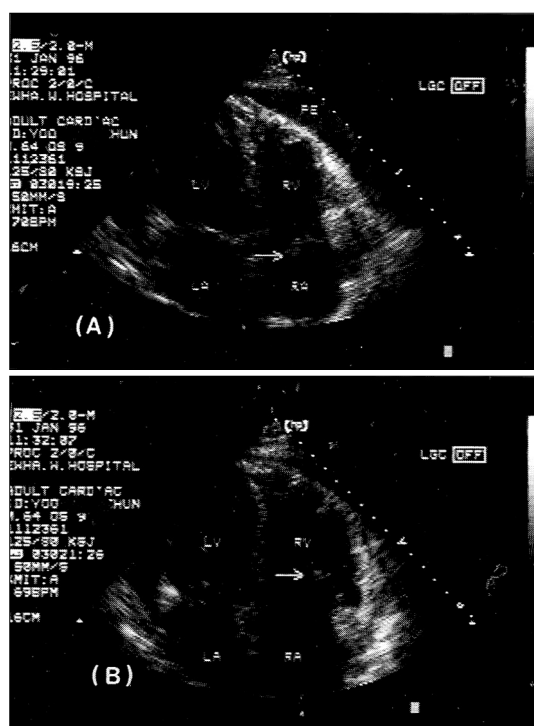


Fig. 3. Two-dimensional echocardiogram shows systolic excursion of the tricuspid valve into the right atrium beyond the level of coaptation. (A) : systole (B) : diastole.

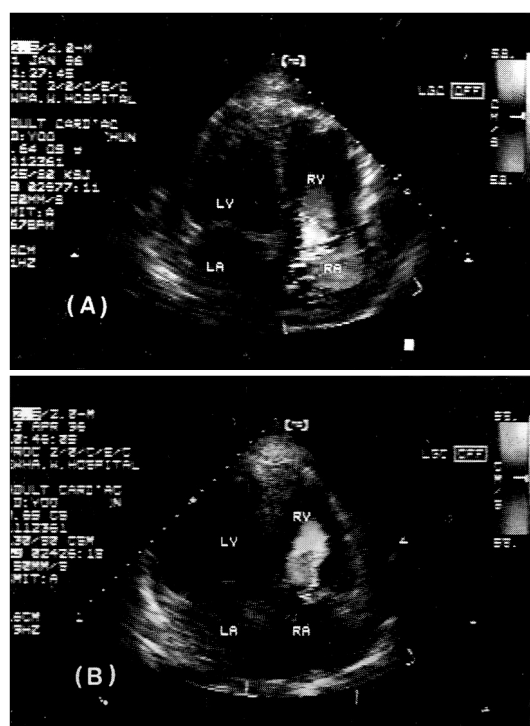


Fig. 4. (A) The color doppler shows severe tricuspid regurgitation(GIV) : pre operation. (B) The color doppler shows only trivial tricuspid regurgitation : post operation.

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