



# 14th ECHO HONG KONG

*Mastering the All-Time Clinical Tool*

**23 - 26 November 2023**  
Hong Kong Convention and Exhibition Centre

## **Workshop II with Hands-on Demonstration**

### *Station B*

*Assessment of Valvular Heart Diseases: Aortic Stenosis,  
Mitral Regurgitation, Tricuspid Regurgitation*

Friday 24 November 2023

09:30 – 12:15

Room S427



## Case B1 - CSK

- M/66 NSND

PMH:

- HT
- Hx of having heart murmur since young age
  - seropositive RA FU rheumatology
  - Elevate PSA with LUTS
- Chronic lymphocytic leukaemia FU haematology
- Admitted to our unit in 2017 because of vertigo
- Physical examination revealed PSM over apex
- ECHO in 2018 showed suspected bicuspid AV with moderate AS
- Regular FU in our hospital since then



## Case B1 - CSK (con't)

TTE 4/2023

- Normal LV systolic function with no RWMA
- Concentric LVH
- Dilated Dilated Ascending AO:
  - Sinuses of Valsalva ~ 3.3 cm
  - Sinotubular junction ~ 2.9 cm
  - Ascending AO ~ 4.4 cm
- Suspected bicuspid AV with moderate AS
- Estimated AVA ~ 1.3 cm<sup>2</sup> (Planimetry) with Max PG ~ 50 mmHg; mean PG 32 mmHg
- Mild MR/ Trace AR/ Mild PR/ TR with RVSP ~ 30 mmHg



## Case B1 - CSK (con't)

- CT thorax + abdomen 7/2023 (for lymphoma workup):
  - Diffuse aortic valve and mild coronary arteries calcifications.
  - Dilated ascending thoracic aorta up to 4.7cm true axis at the level of right pulmonary artery.
- Arranged CTCA + CT aortogram, pending



## Case B2 – FHT

- 30/M
- Good past health except myopia , non-smoker non-drinker
- Marfanoid features (High arch palate, Pectus excavatum)
- No joint symptoms / Family history
- Referred from GP



## Case B2 – FHT (con't)

- TTE:
  - Normal LV systolic function EF60% No RWMA
  - Normal chambers size
  - Mild MR with eccentric jet to posterior LA wall, prolapse over anterior MVL seen
  - Trace TR with RVSP ~ 40.1 mmHg



## Case B3 – CSC

- M/66, NSND

PMH:

- DM
- History of unknown heart disease since young age, no regular follow up since 25 years old
- Admitted in Oct 2010 because of CHF precipitated by fast AF with ECHO showing MR/ AR
- Regular FU in our hospital since then
- Current meds: Digoxin, Jardiance, Lasix, Diamicron MR, Janumet, Acertil, Zocor, Warfarin



## Case B3 – CSC (con't)

TTE 8/2022:

- Normal LV systolic function with no RWMA
- Normal RV systolic function
- Concentric LVH
- Thickened AV with severe AR and mild AS AVA 1.6 by planimetry
- Thickened MV with severe MR and mild MS MVA ~ 1.6 by planimetry/PHT