



“Fish-Mouth” and “Hockey-Stick”

Rheumatic heart disease (RHD) is a disease of the poor, affecting children disproportionately in India, the commonest cardiac disease after ischemic heart and hypertension heart disease, across all ages, in India.

Because it is not a Western disease and because cardiac MRI has developed predominantly in the Western world, there is not much written up about the role of cardiac MRI in RHD.

Living in India, it is important to be conversant about the CMR findings of RHD, especially with respect to the mitral valve.

There are two signs that help. The first is the “hockey-stick” appearance of the anterior mitral valve leaflet best appreciated in the 4-chamber and sometimes the 2-chamber views (Figure 1) and the second is the “fish-mouth” appearance of an abnormally cicatrized mitral valve, appreciated in the short axis view (Figure 2).

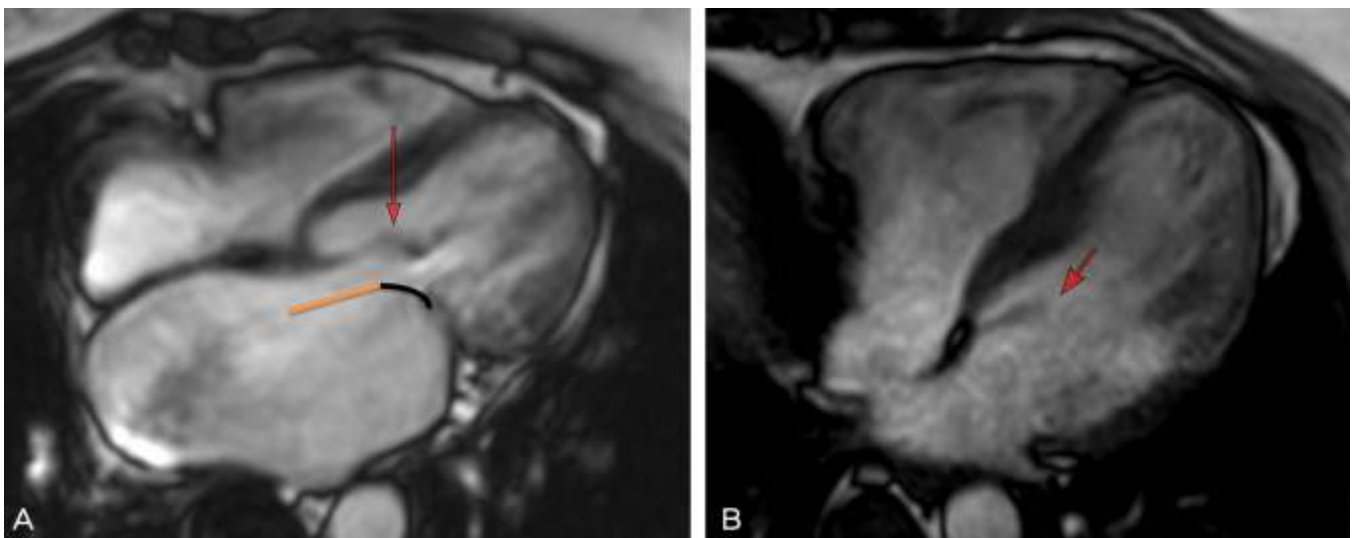


Fig. 1 (A,B). Four chamber view (A) of a patient with rheumatic mitral valve disease shows a “hockey-stick” appearance of the anterior mitral valve leaflet (red arrow). A hockey-stick in orange and black has been placed for understanding. Note the dilated left atrium. A normal straight anterior mitral valve leaflet has been shown in B (red arrow).

At a glance

- ◆ Rheumatic heart disease is an extremely common condition in India
- ◆ Rheumatic mitral valve disease presents with typical signs.
- ◆ Radiologists and physicians must be conversant with these signs so that they can recognize rheumatic mitral valve disease even in subclinical and asymptomatic individuals who present for other indications.

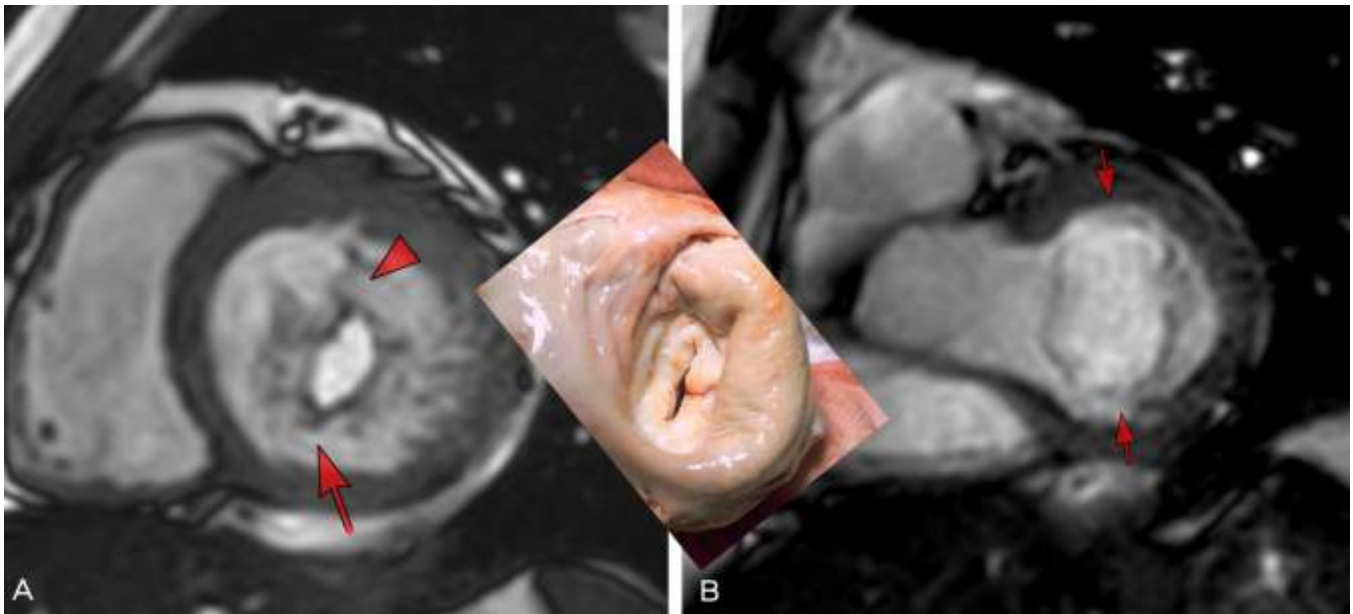


Fig. 2 (A,B). Short axis view (A) of a patient with rheumatic MV disease shows the commissures cicatrized and not reached the annular margins (red arrow) giving rise to a “fish-mouth” appearance (inset photograph, courtesy Wikipedia). A normal mitral valve is shown (red arrow) in B.

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Printed, Published & Owned by Dr Bhavin Jankharia,

Printed at : India Printing House, First Floor, 42, G D Ambedkar Marg, Opp. Wadala Post Office, Wadala, Mumbai 400 031

Published from: Dr Jankharia's Imaging Centre, Bhaveshwar Vihar, 383, Sardar V P Road, Prarthana Samaj, Mumbai 400 004, M.S,

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