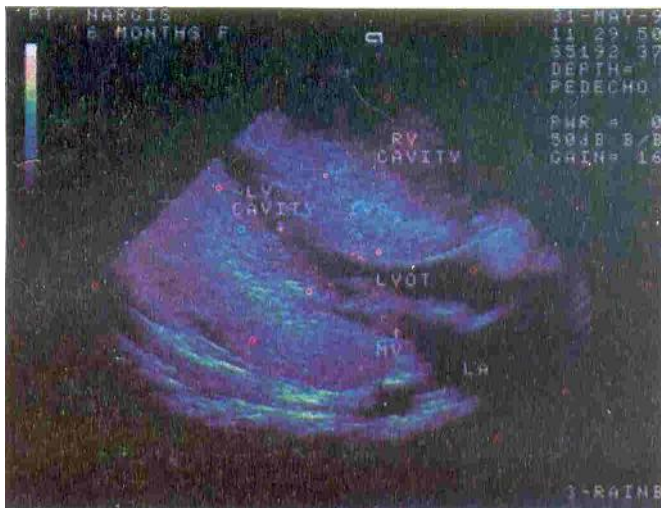


## *Images in Clinical Practice*

### **Hypertrophic Cardiomyopathy in Infancy**

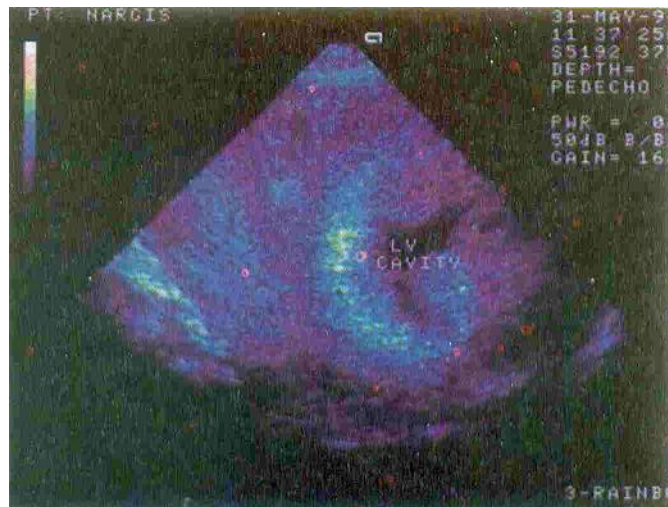
A 6-month-old female child presented with fever and acute breathlessness. On examination, the child was in a state of shock with manifestations of acute pulmonary edema. Emergency echo-cardio-

graphic examination (*Figs. 1 & 2*) revealed the left ventricular wall to be diffusely hypertrophied with poor contractility. There was no segmental hypertrophy and subaortic membrane was also absent. The



*Fig. 1. Long axis parasternal view of echocardiographic examination showing diffusely thickened interventricular septum (IVS) and narrow (slit like) left ventricular cavity and left ventricular outflow tract (LVOT).*

*Fig. 2. Short axis view of echocardiographic examination showing a thick left ventricular wall (blue color) encircling a narrow left ventricular cavity.*



left ventricular cavity and outflow tract were seen as slit like passages. On the basis of these echocardiographic findings, a diagnosis of hypertrophic cardiomyopathy

was made. The child was treated with decongestive therapy and vasodilators, but she expired within the next two hours.

### Bacterial Endocarditis

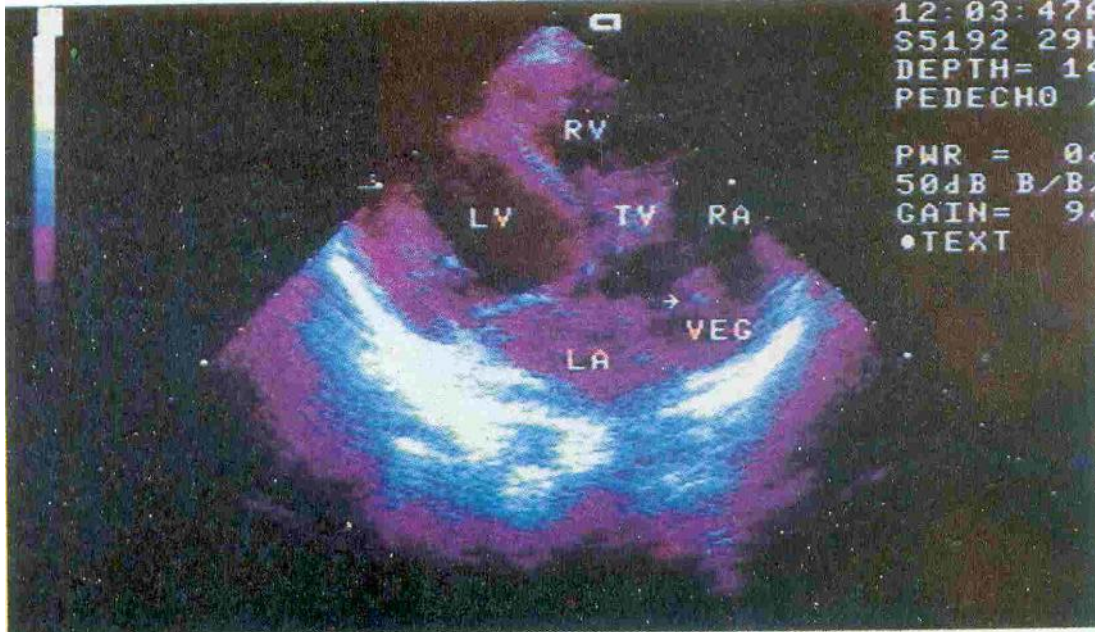


Fig. 1. Apical 4 chamber view of echocardiographic examination showing a pedunculated vegetation (VEG) arising from the coronal leaflet of tricuspid valve (TV).

A 4-year-old female child with diagnosed ventricular septal defect (VSD) presented with fever of two weeks duration and cough and restlessness with refusal to eat for the last 5 days. On examination, the child was febrile, toxic looking and tachypneic (respiratory rate 62/min) with evidence of respiratory distress. Chest examination revealed presence of bilateral crepitations. There was tender hepatomegaly (4 cm) with a positive hepato-jugular reflex.

Echocardiographic examination (Fig.1) revealed a perimembranous VSD (0.6 cm) and a pedunculated vegetation of size 4x2 mm (VEG) in the right atrial (RA) cavity originating from the lateral cusp of the tri-

cuspid valve (TV). Blood cultures yielded *Staphylococcus aureus*. A diagnosis of VSD with acute bacterial endocarditis with congestive cardiac failure was made. Treatment instituted included parenteral antibiotics and decongestive therapy. The antibiotics were given for 8 weeks and the child improved significantly and was discharged. On repeat echocardiographic examination, the vegetation had reduced in size.

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