

## Clinical Image

# Dissecting Intramyocardial Hematoma Following Mitral Valve Repair

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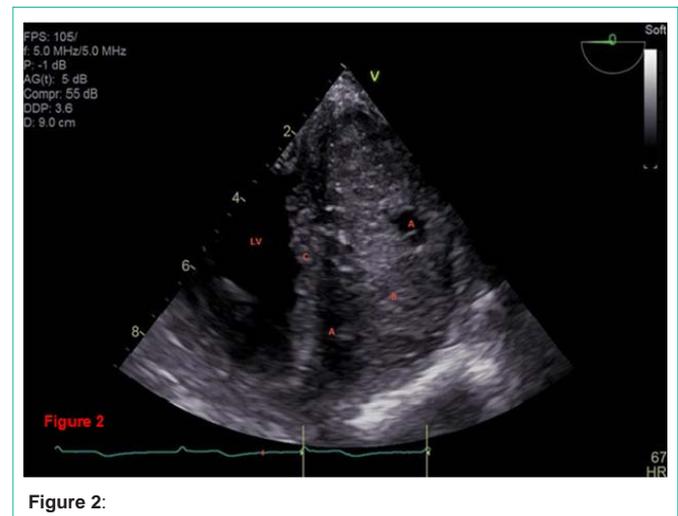
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A 67-year-old male patient with a severe mitral insufficiency presented for reoperation after a failed Mitral Valve (MV) repair. The prior annuloplasty ring was removed and a new 32-mm fully rigid ring was inserted with the affixation of artificial chords to the anterior MV leaflet. Initial post-bypass transesophageal echocardiographic examination demonstrated resolution of mitral regurgitation and normal biventricular function (Figure 1), RV=Right Ventricle, LV=Left Ventricle).



Minutes later, reevaluation of the left ventricle in a transgastric view demonstrated large, dissecting intramyocardial hematomaspanning the entire lateral Left Ventricular (LV) wall (Figure 2). The myocardial LV free wall had a heteroechoic, ovoid-shaped appearance with areas of neocavitation containing pulsatile flow (Figure 2-A) and partial thrombosis (Figure 2-B). Endomyocardial tissue bordered the neocavitation circumferentially (Figure 2-C) with no visible entry point.

Overall systolic function remained adequate despite significant mass-related wall motion abnormality. Ultimately, the hematoma stabilized after heparin reversal and follow-up transthoracic echocardiographic examination demonstrated slightly decreased size and more consolidation. Although unclear, iatrogenic injury during annuloplasty ring removal or re-suturing might be possible etiologies of dissecting intramyocardial hematoma.