

# DIU Cas Clinique 3

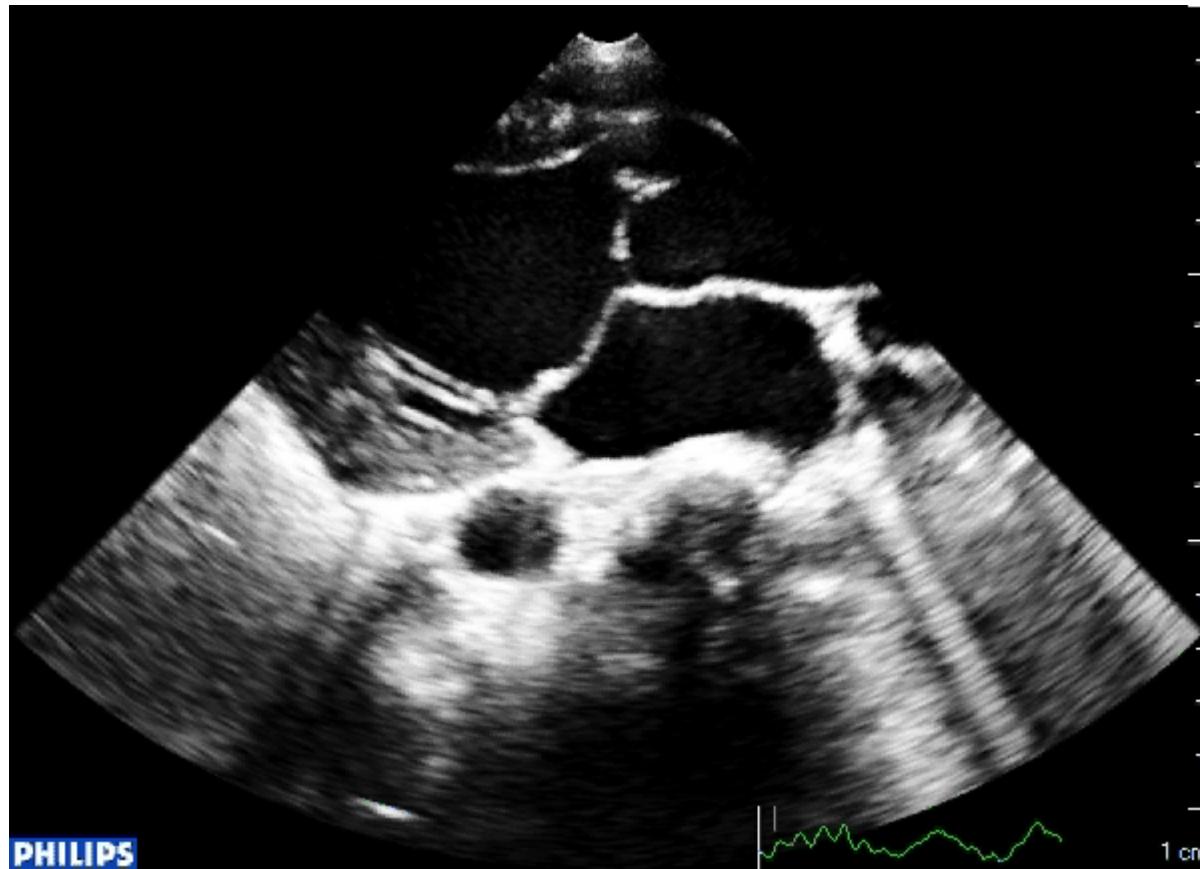
## CIV

Philippe Acar  
Toulouse

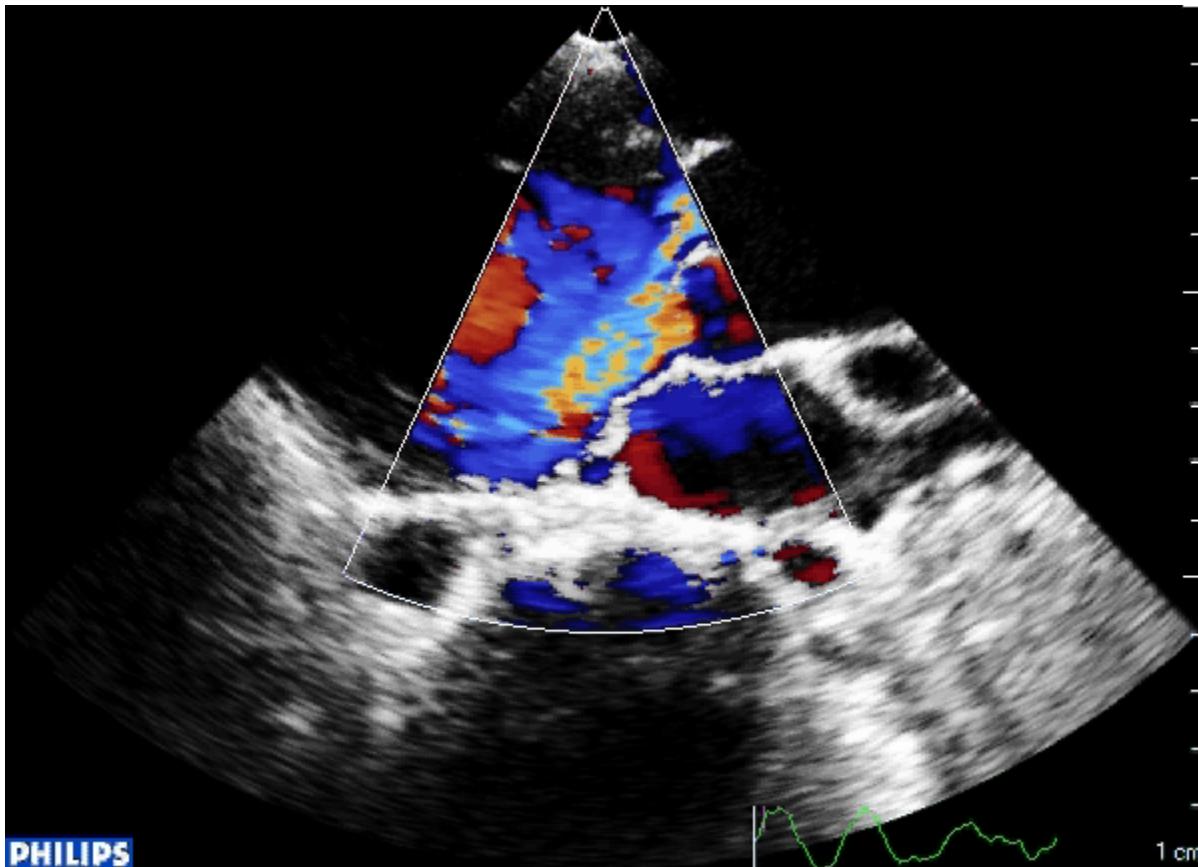
# QUENTIN

- 7 ans
- 22 Kg 100 cm
- BSA 0,75 m<sup>2</sup>
- Dyspnée stade 2
- SS 3/6 et SD 1/6

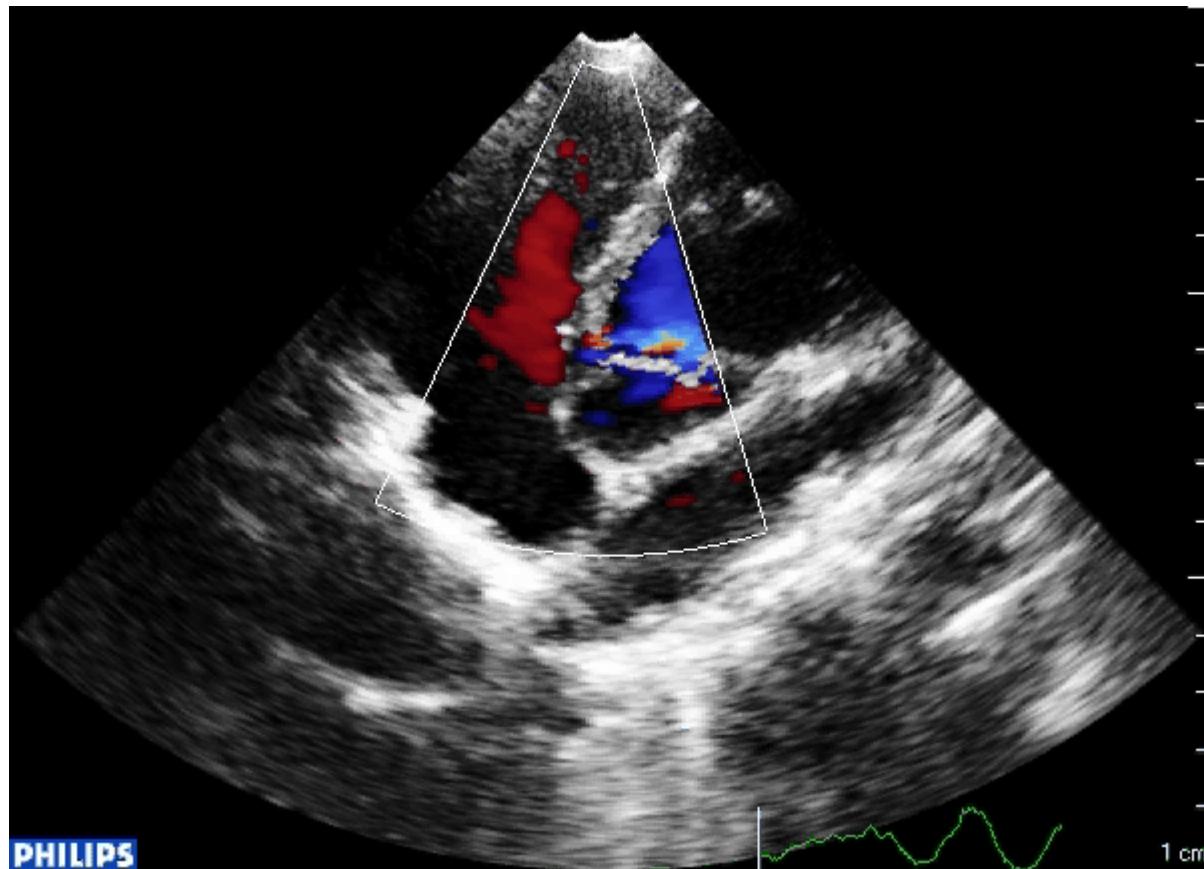
# QUENTIN



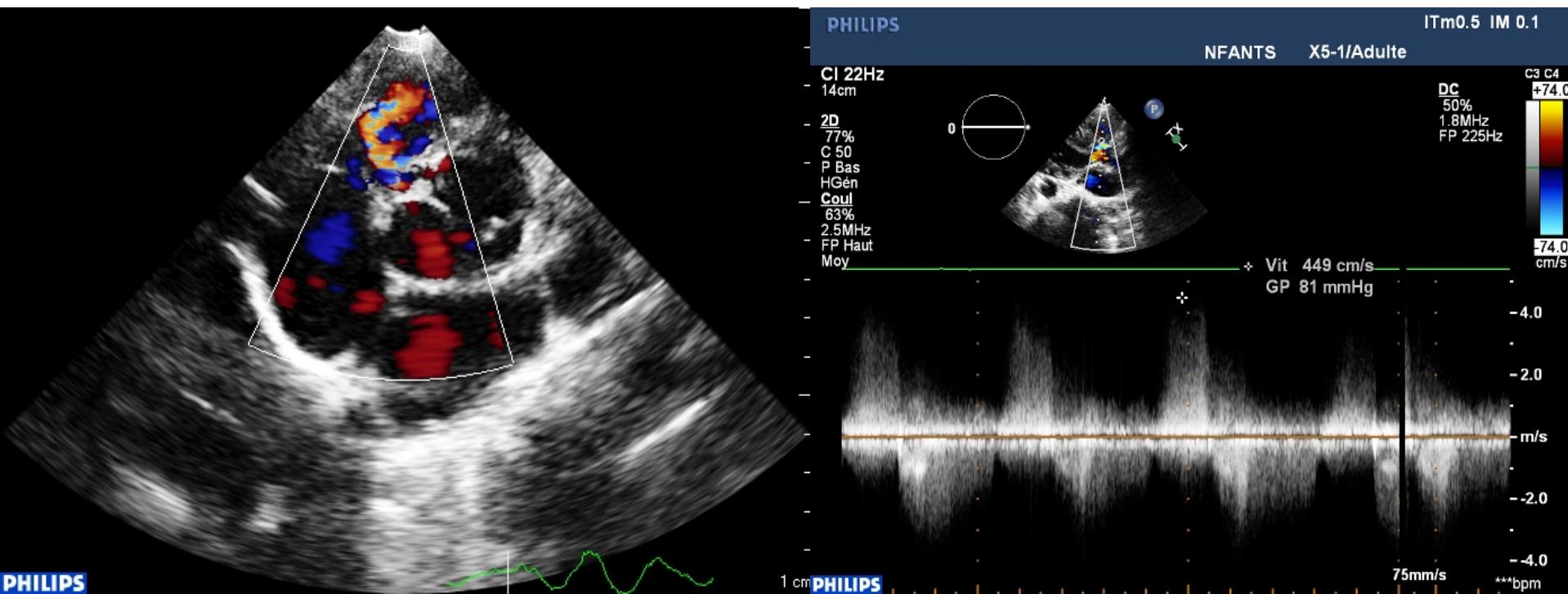
# QUENTIN



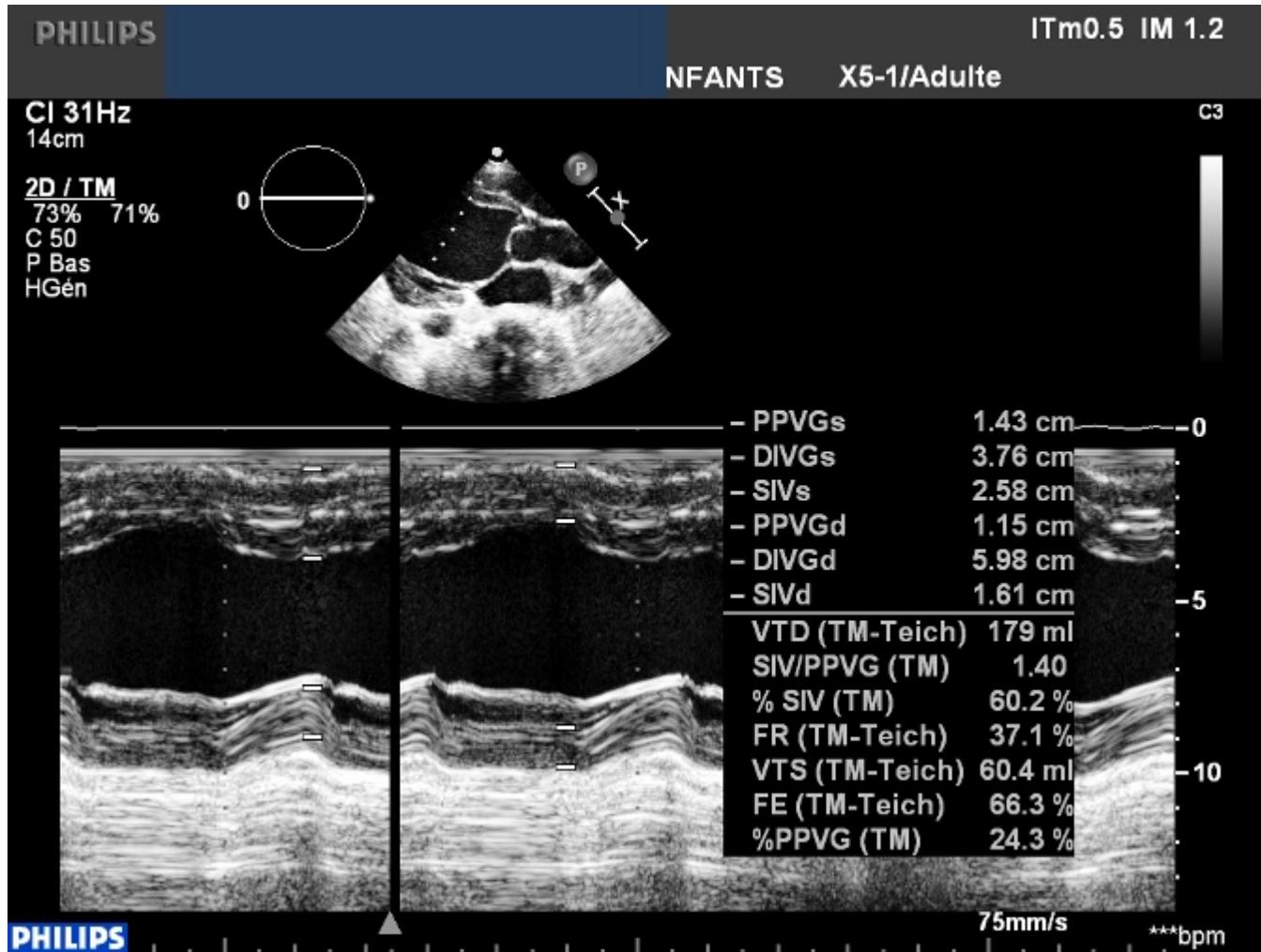
# QUENTIN



# QUENTIN



# QUENTIN



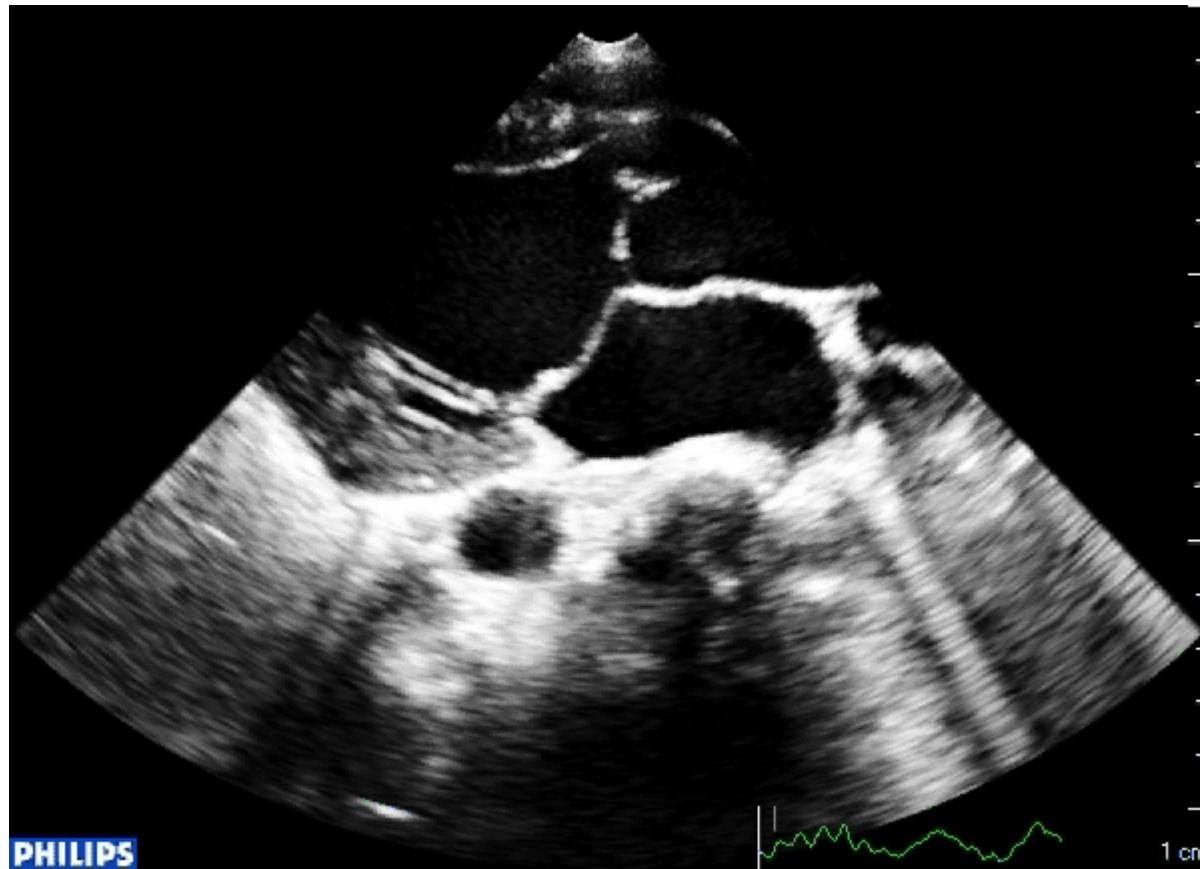
# QUESTION 1

- 1- La CIV est infundibulaire
- 2- La CIV est restrictive
- 3- La fuite aortique est triviale
- 4- Le VG est significativement dilaté

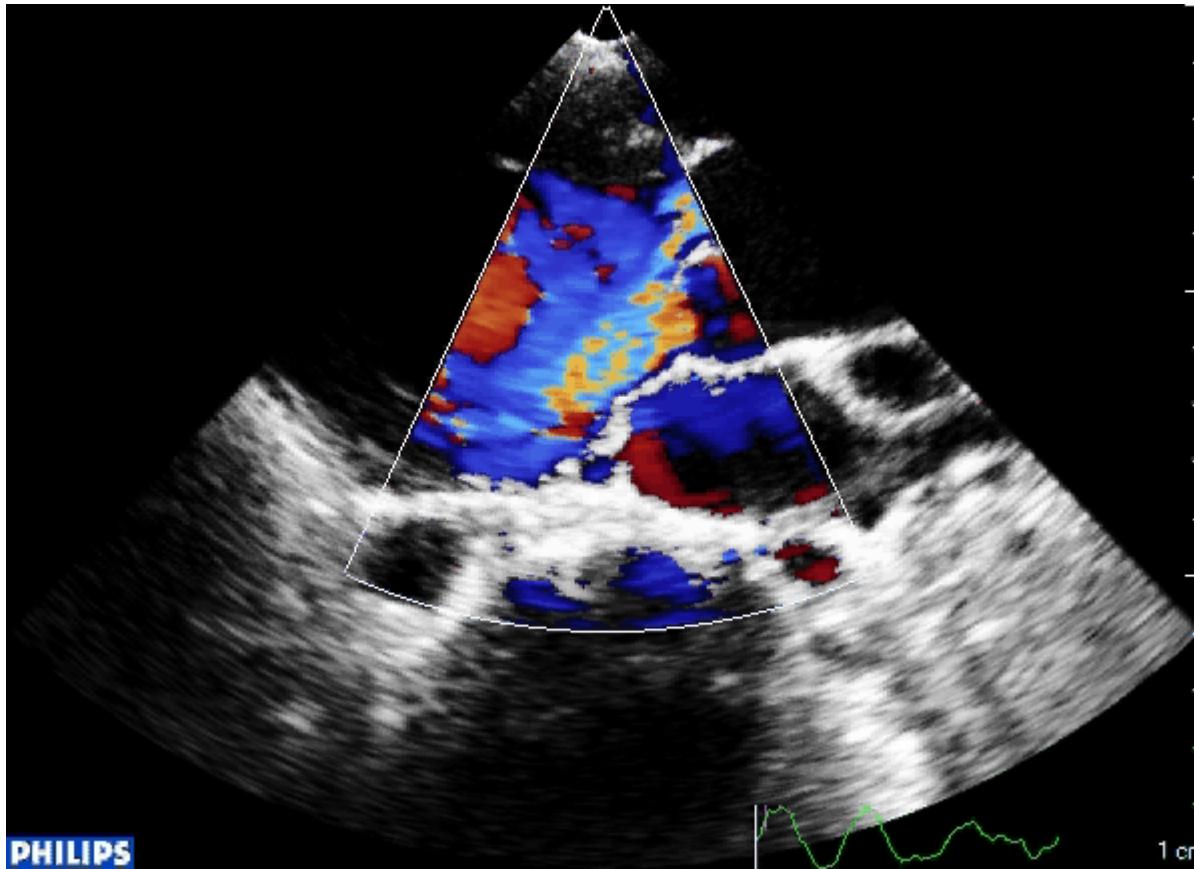
# QUESTION 1

- 1- La CIV est infundibulaire
- 2- La CIV est restrictive
- 3- La fuite aortique est triviale
- 4- Le VG est significativement dilaté

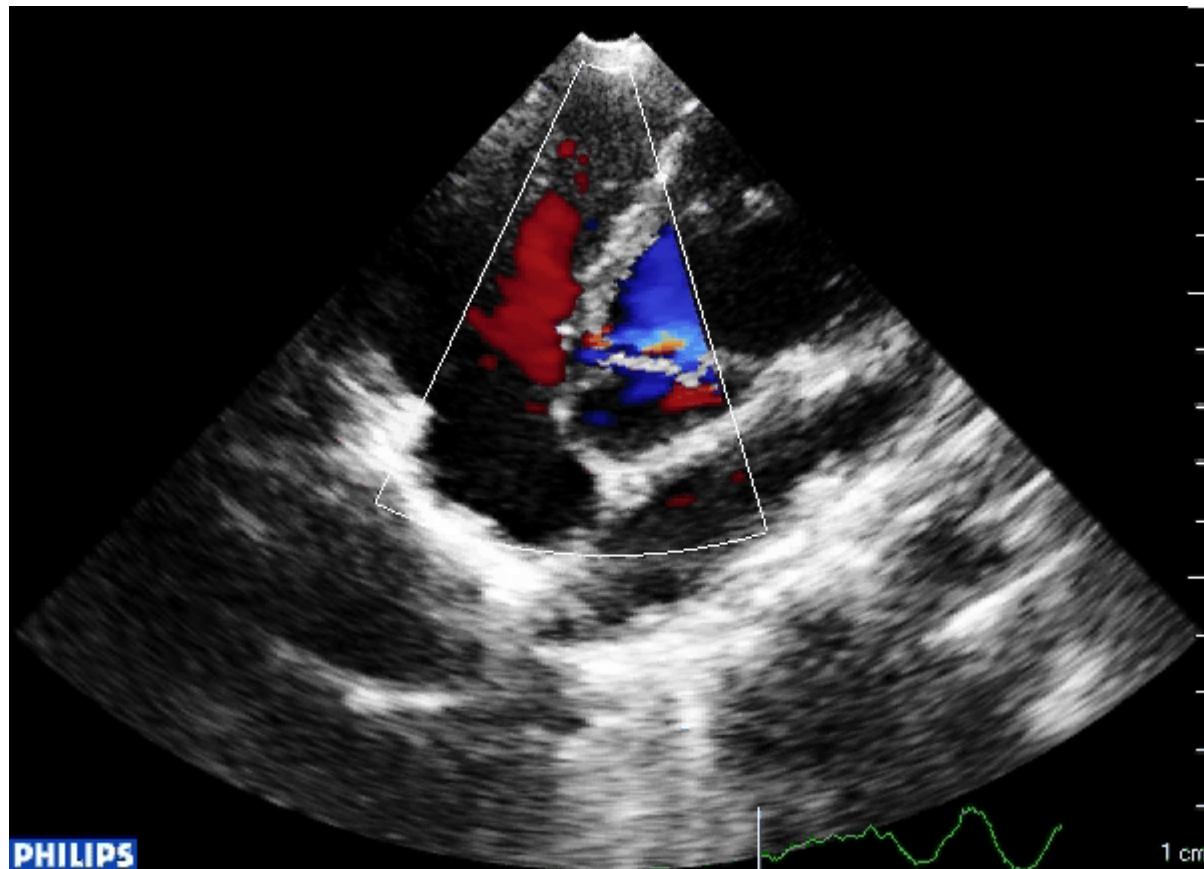
# QUENTIN



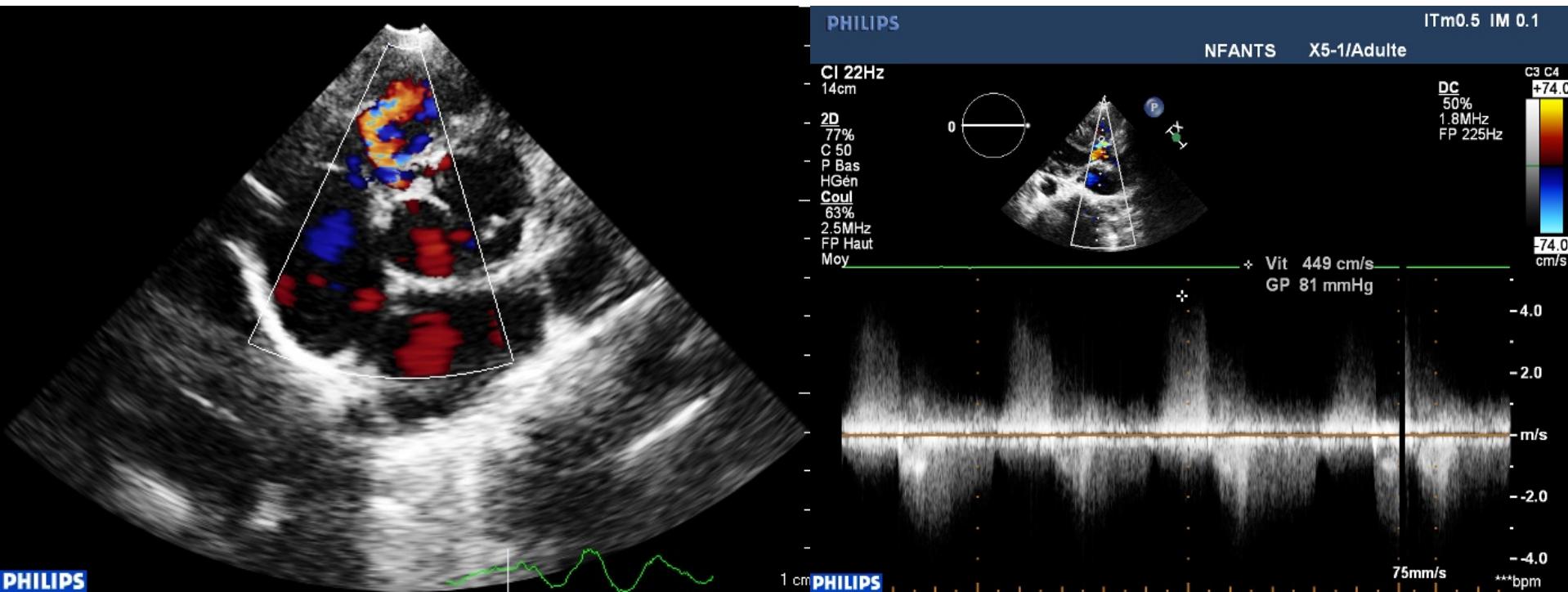
# QUENTIN



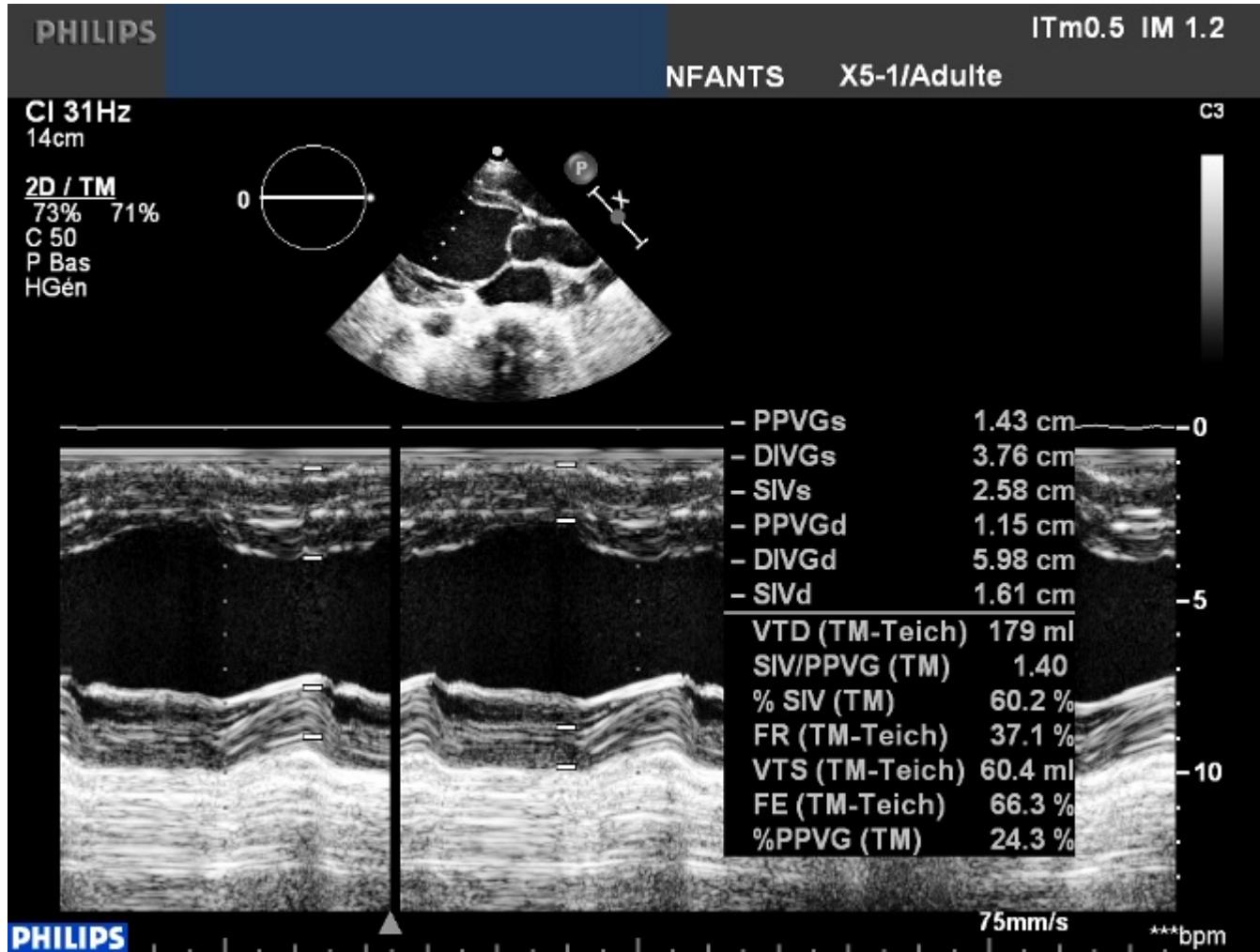
# QUENTIN



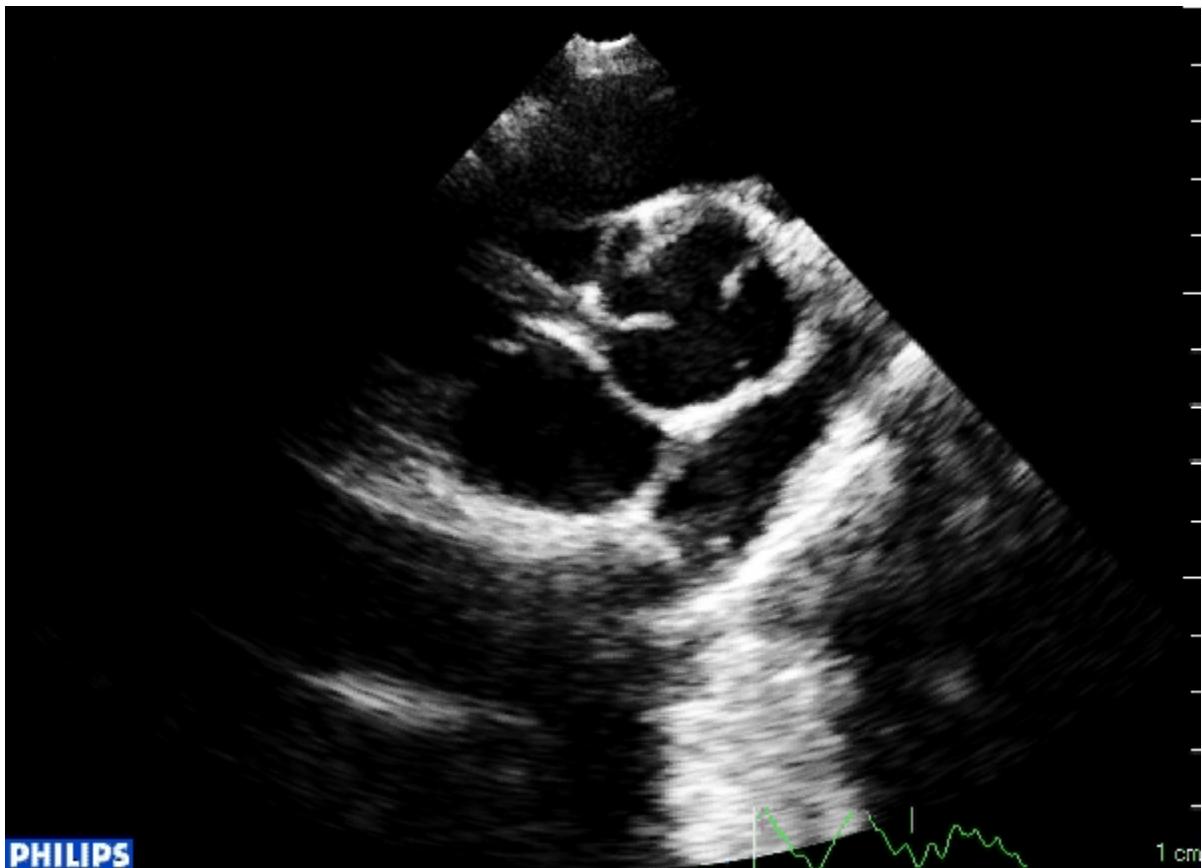
# QUENTIN



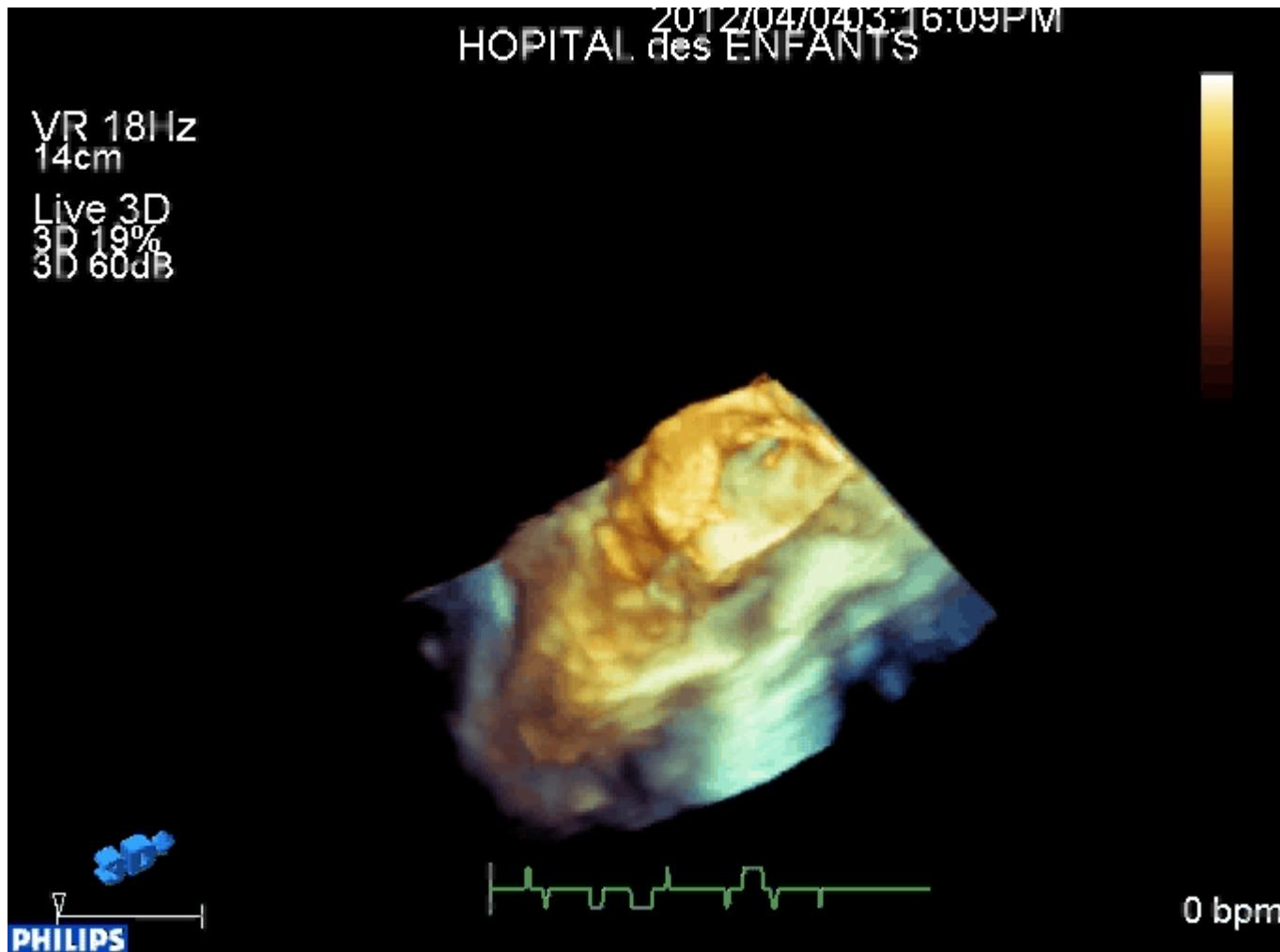
# QUENTIN



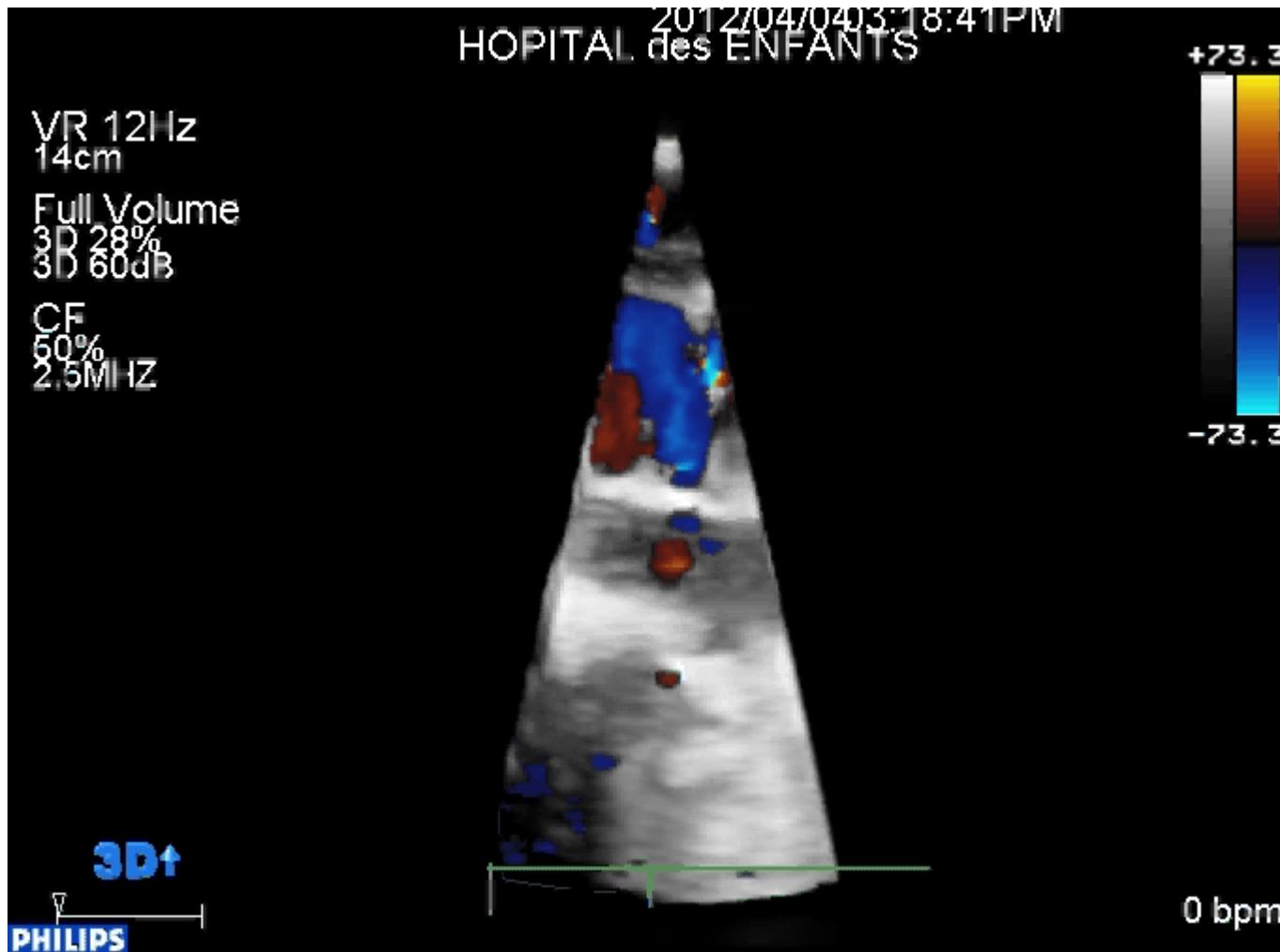
# QUENTIN



# QUENTIN



# QUENTIN



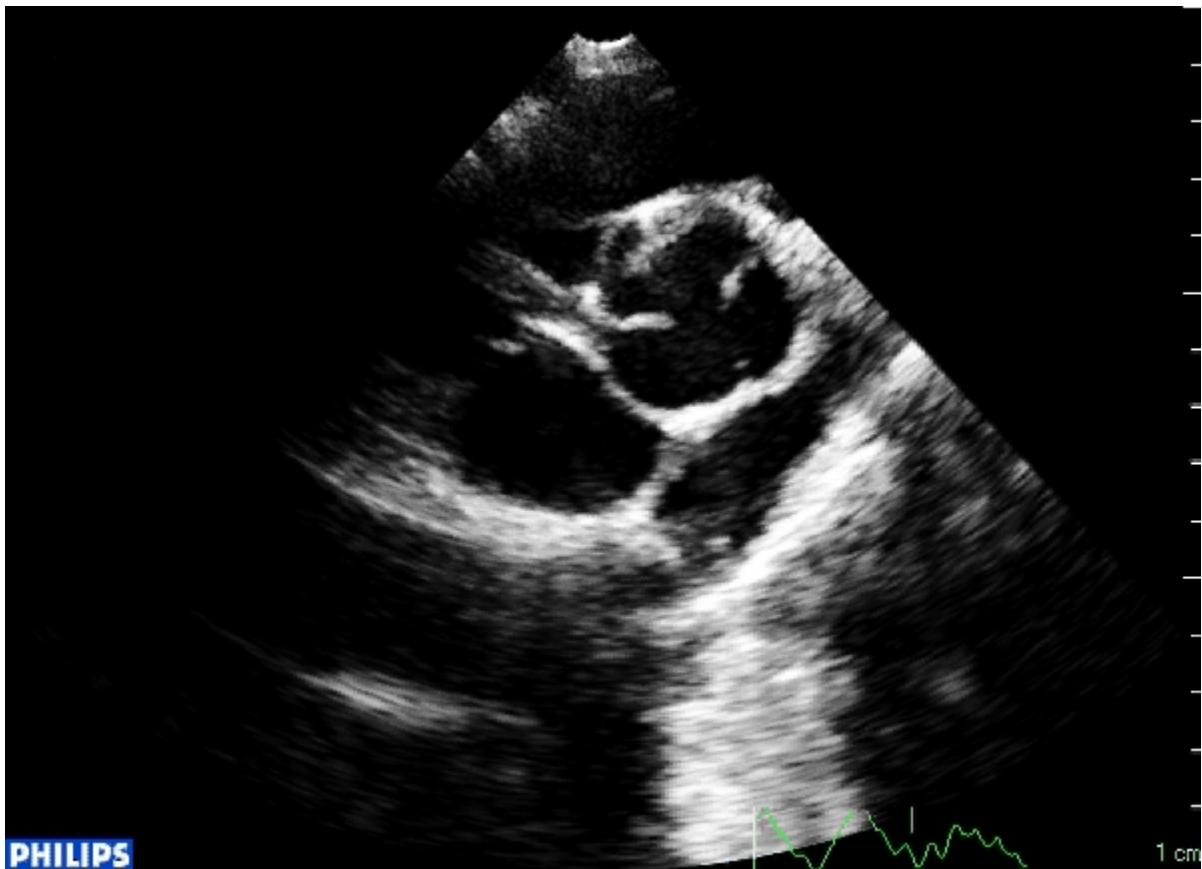
## QUESTION 2

- 1- La cusp coronaire gauche prolabe
- 2- La cusp coronaire droite prolabe
- 3- La valve aortique et bicuspidé
- 4- La chirurgie est requise

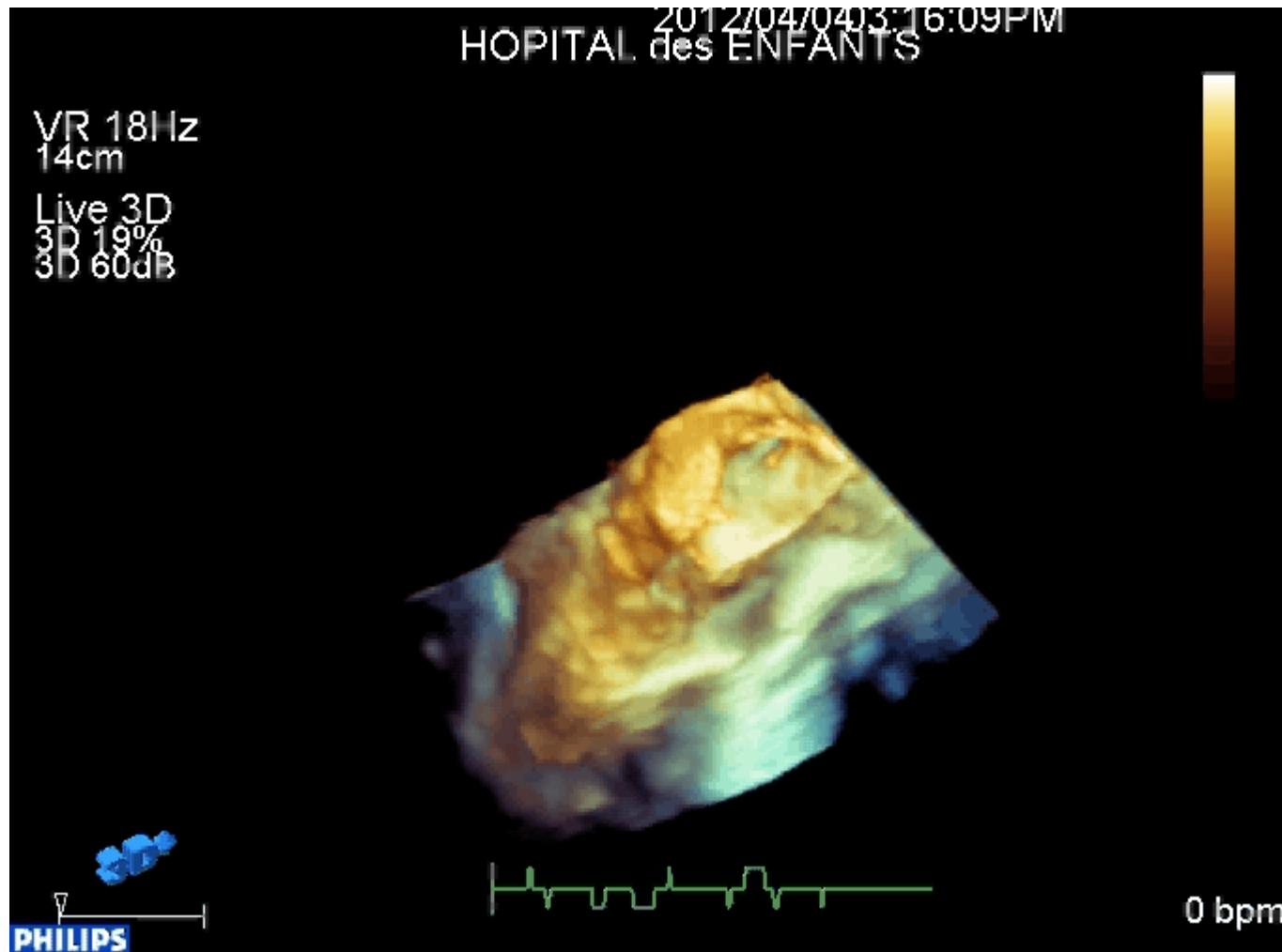
## QUESTION 2

- 1- La cusp coronaire gauche prolabe
- 2- La cusp coronaire droite prolabe
- 3- La valve aortique et bicuspidé
- 4- La chirurgie est requise

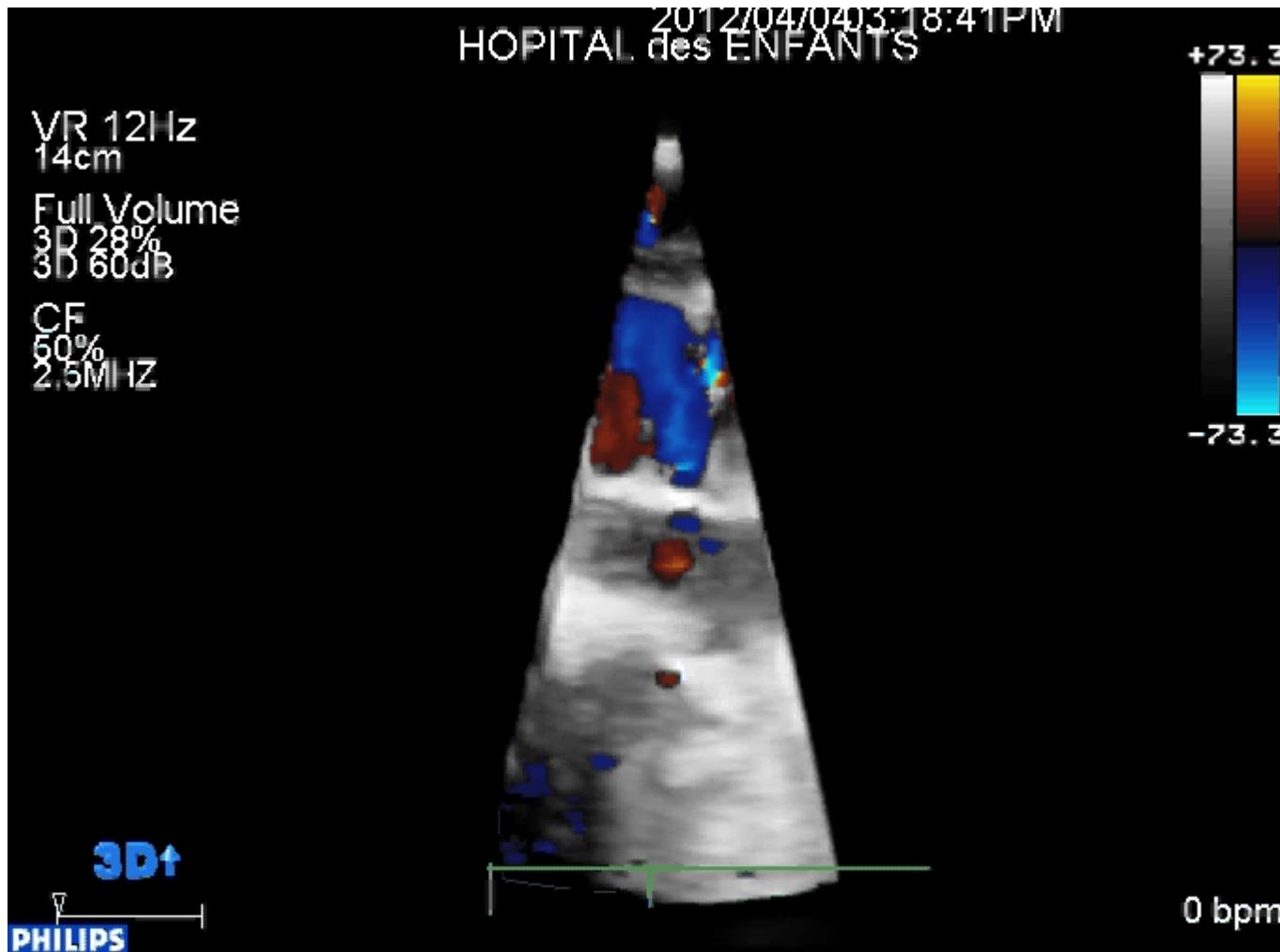
# QUENTIN



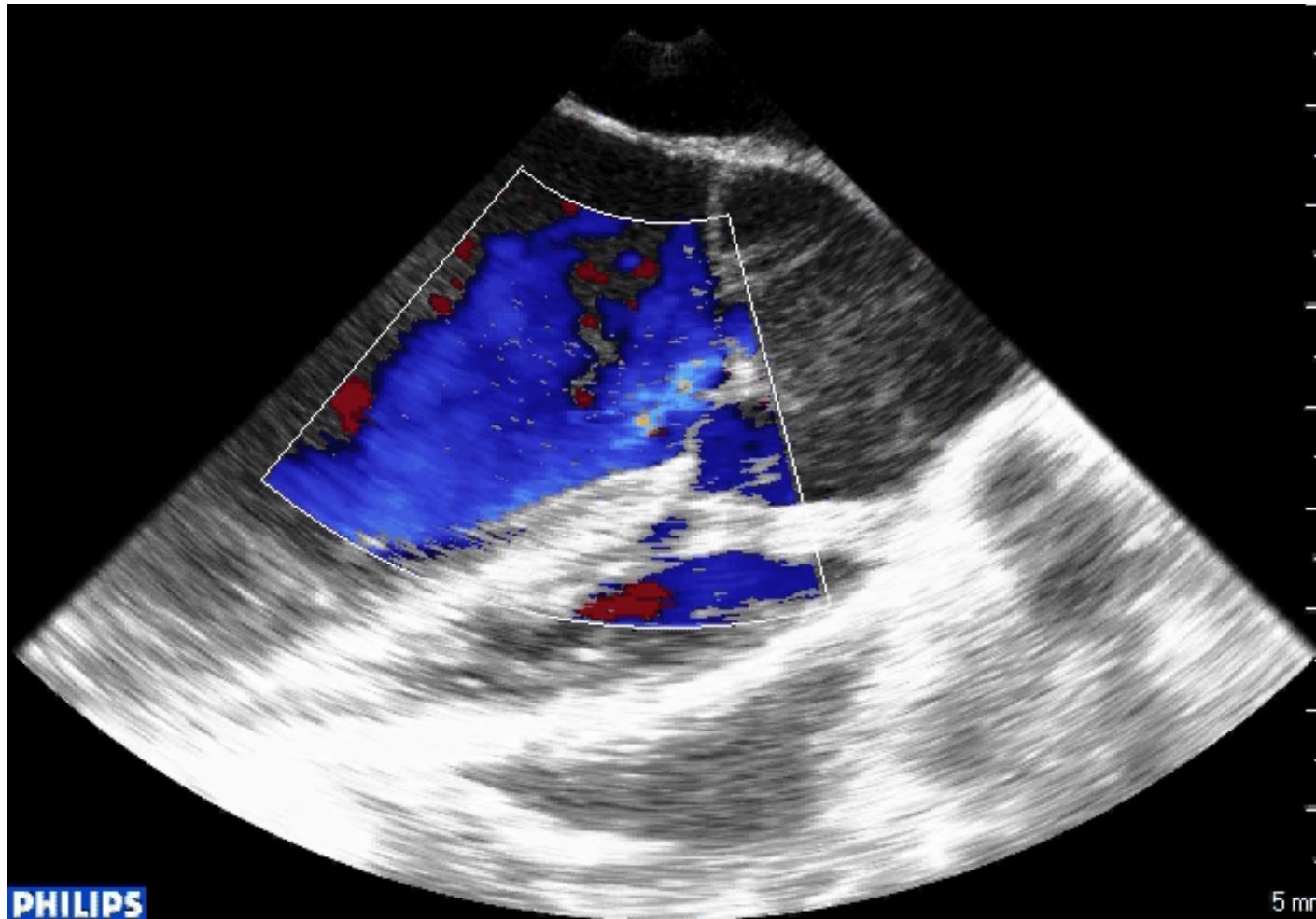
# QUENTIN



# QUENTIN



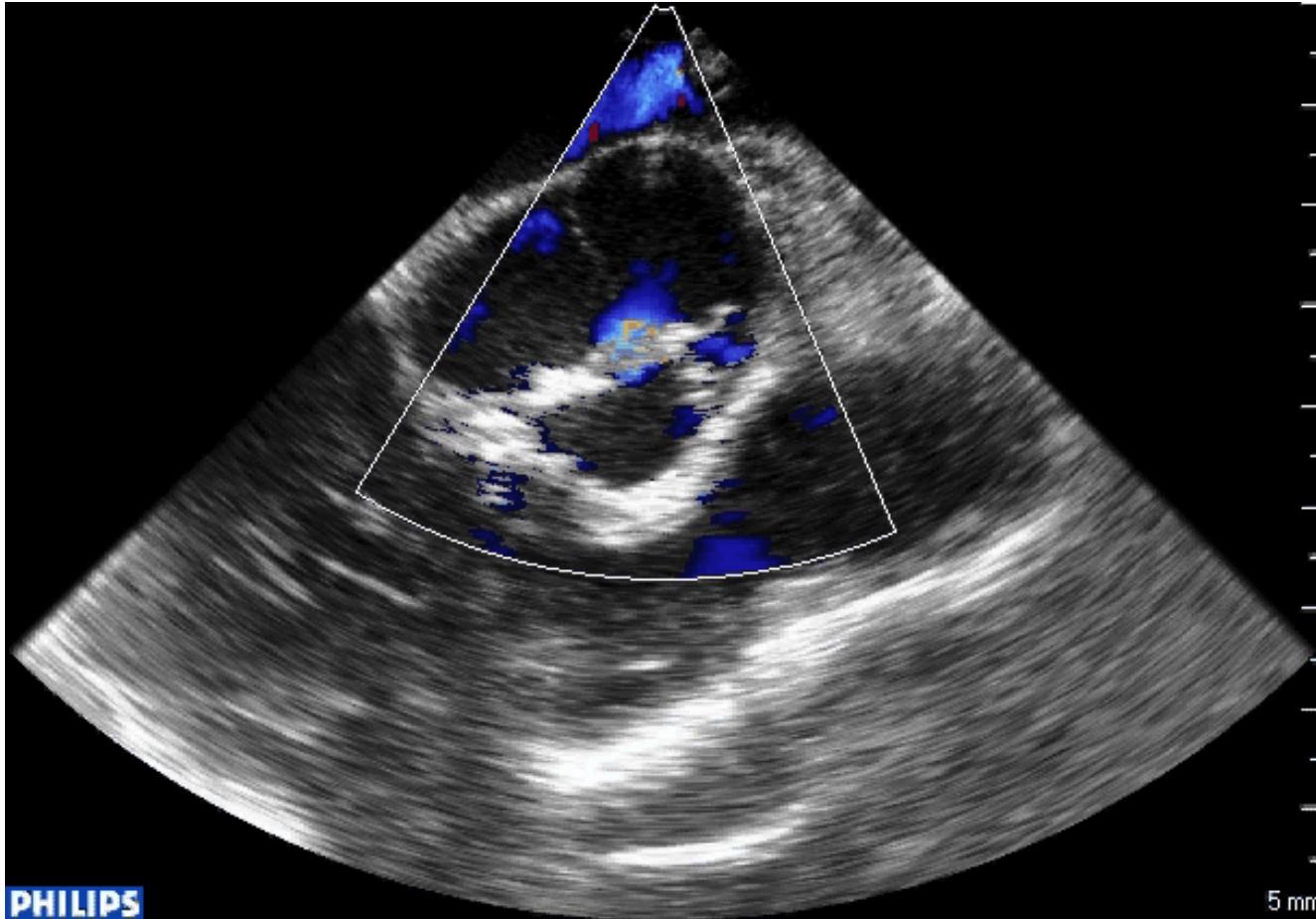
# QUENTIN



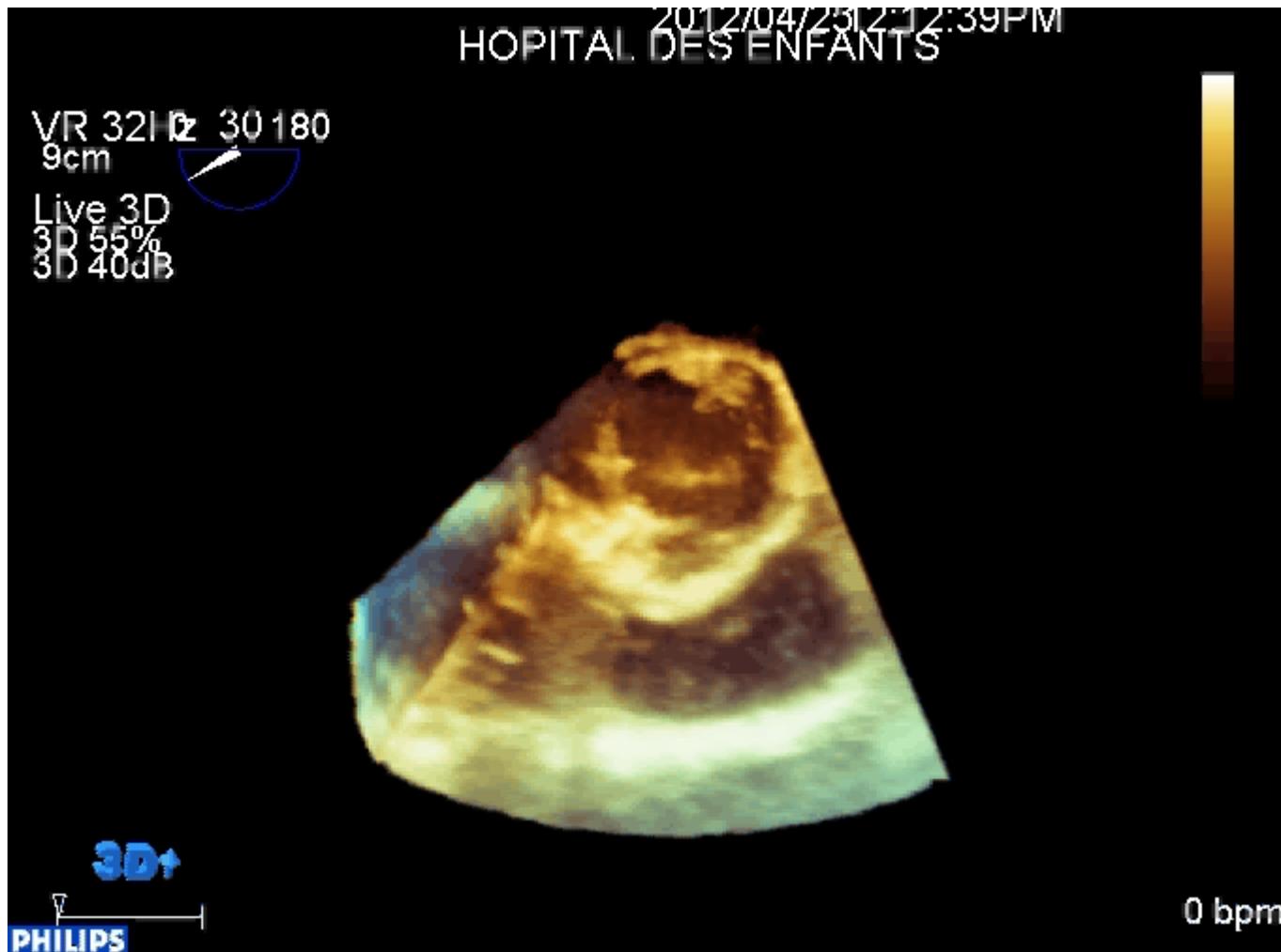
# QUENTIN



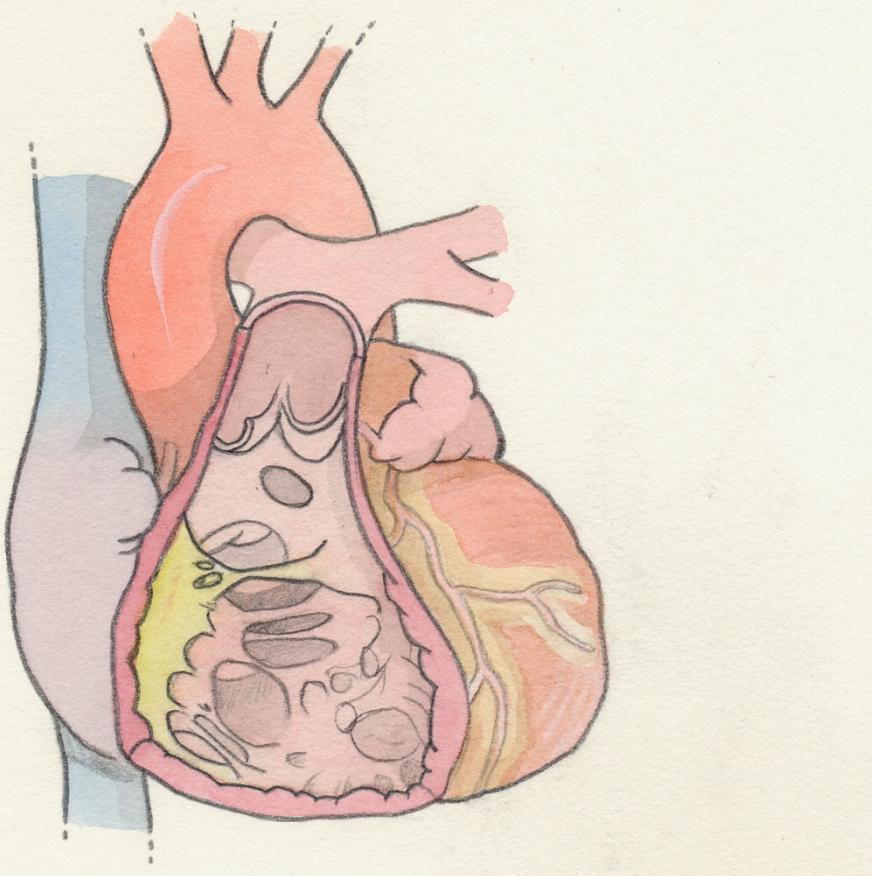
# QUENTIN



# QUENTIN



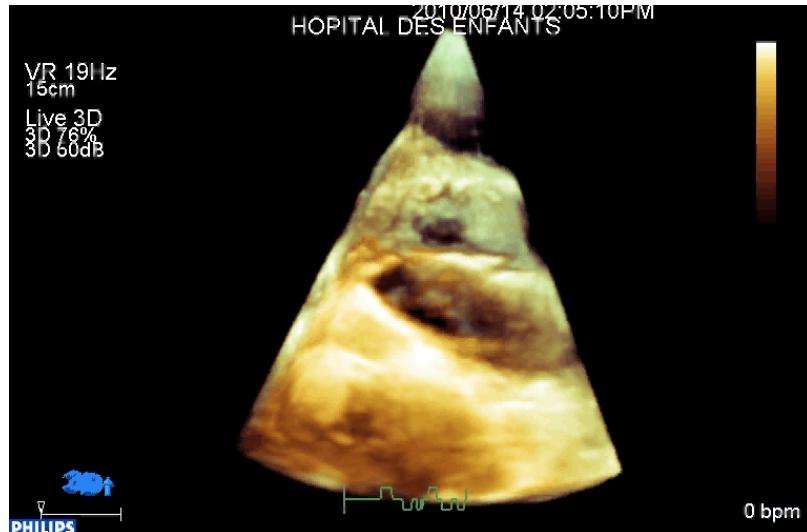
# CIV et IAO



- Périmembraneuse
- Infundibulaire
- Doubly Committed

Neumayer et al. *Eur Heart J* 1998;10:1573-82

# CIV et IAO

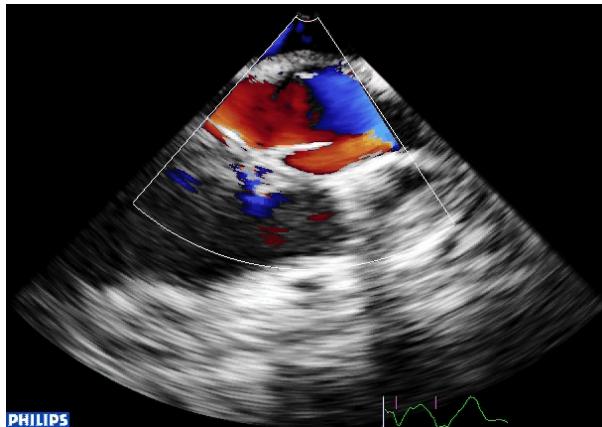


- Grade : Temps
- Mécanisme : Jet et Commissures
- Evolution : Taille CIV

# CIV et IAO

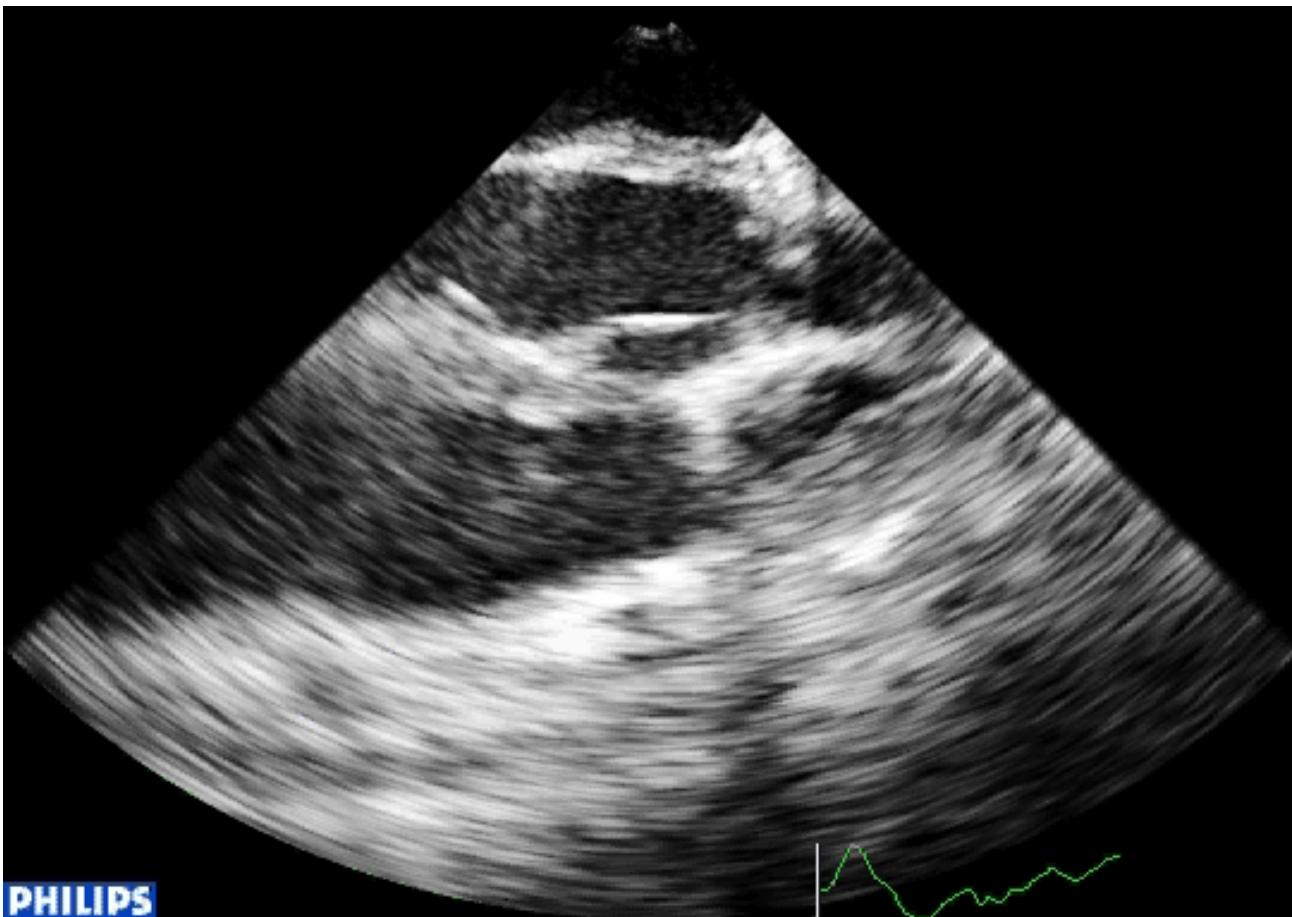
3 scales:

- Mild : slight protusion of the cusp in early systole
- Moderate : prolapse of cusp with obvious herniation
- Severe : prolapse of cusp and sinus in systole and diastole



Leung et al  
*Ann Thorac Surg*  
1996;61:854-60

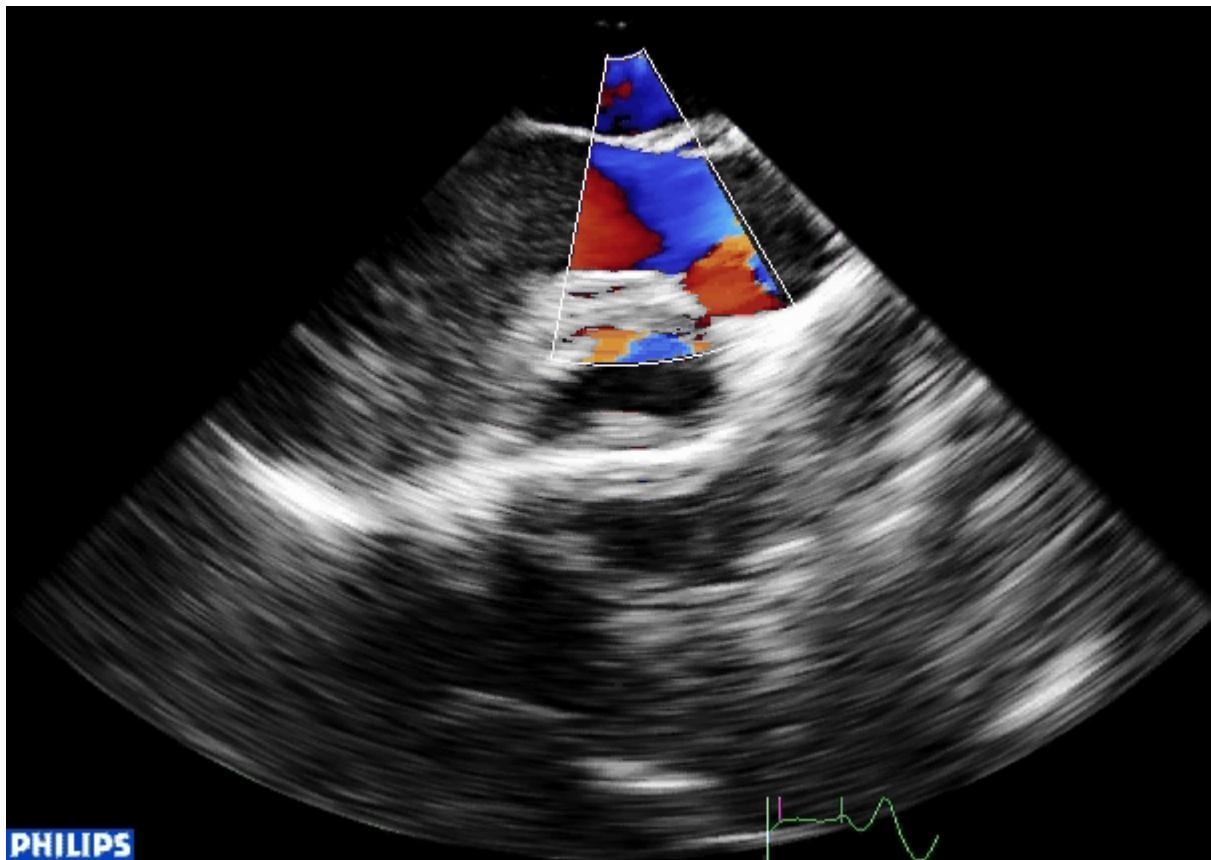
# CIV et IAO



Scale:

- Mild

# CIV et IAO



- Surgery

# CIV et IAO



Scale:

- Moderate

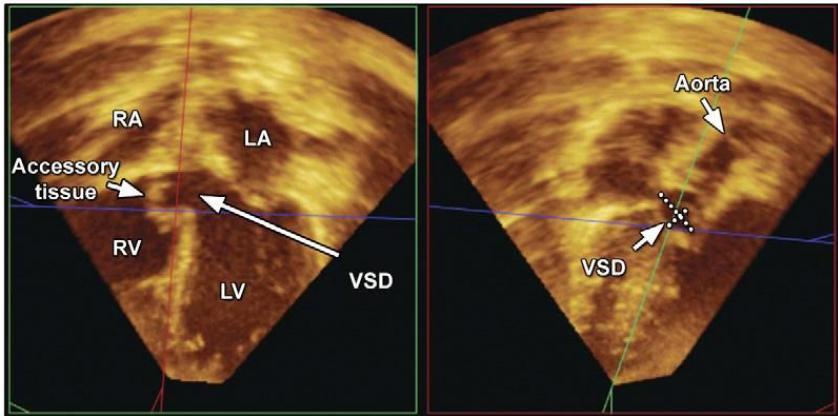
# CIV et IAO



- Surgery

# CIV et IAO *prolapsus CD PM*

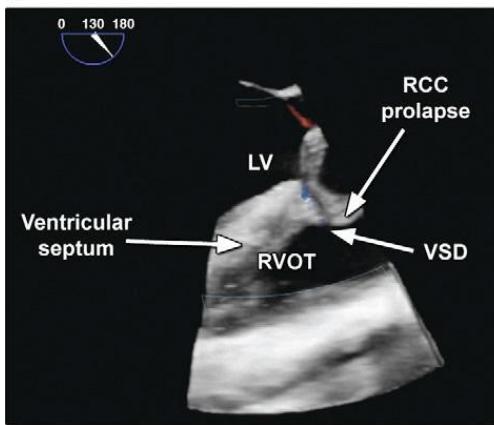
A



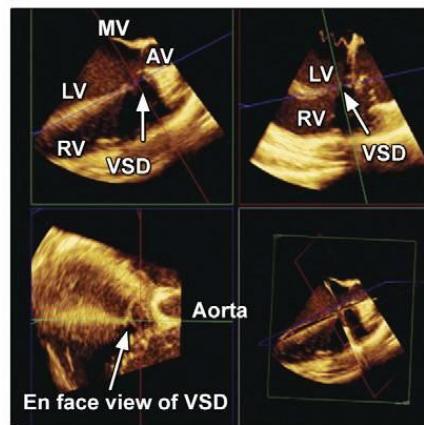
Scale:

- Severe

B



C



Charakida et al  
*JACC CV Imaging*  
2012;6:120-2

2011/07/18  
Evelina Childrens Hospital

10:41:14AM

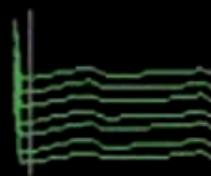
+77.4



VR 23Hz 0 130 180  
9cm

Full Volume  
3D 56%  
3D 40dB

CF  
50%  
4.4MHZ

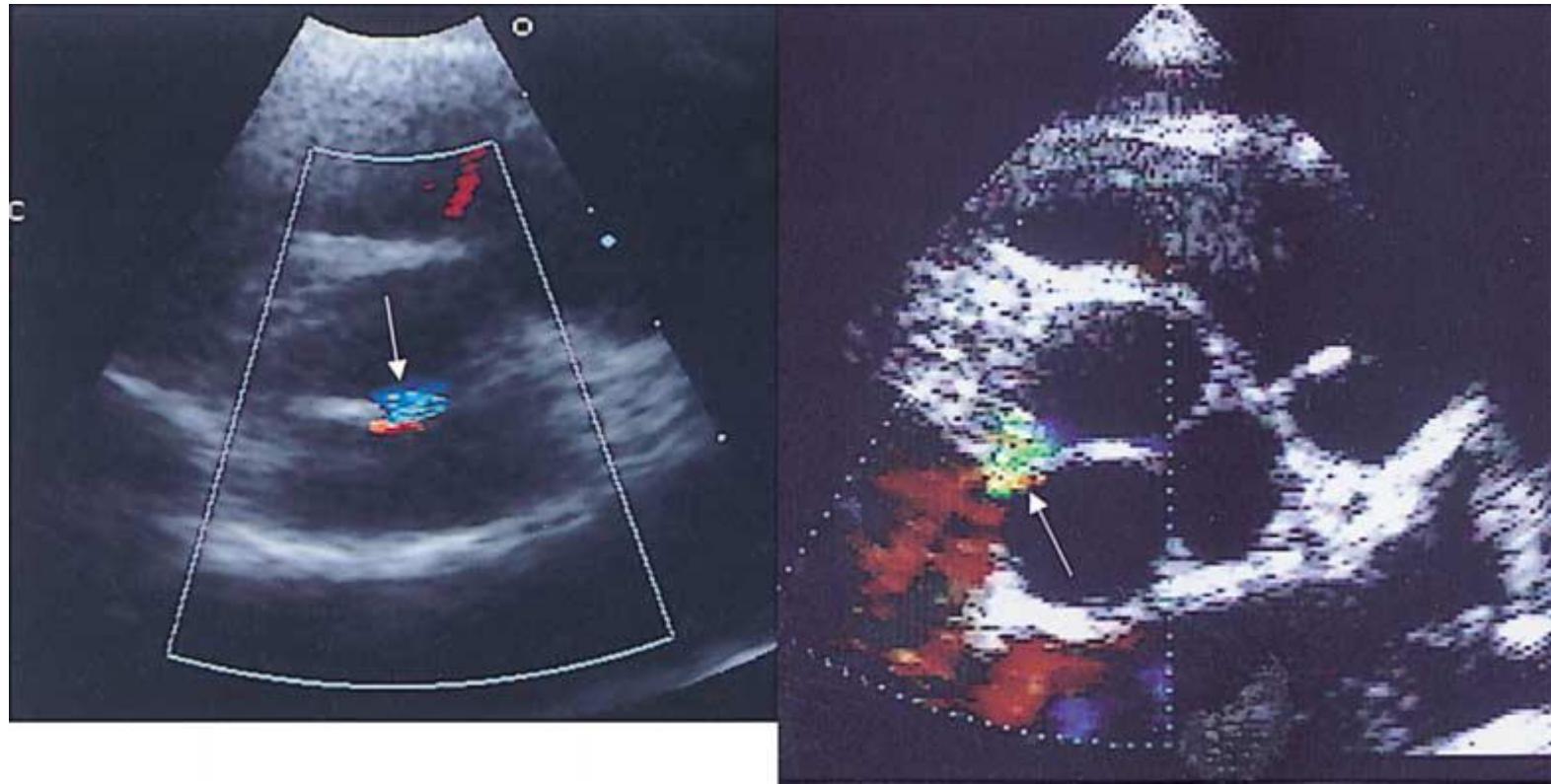


88 bpm



PHILIPS

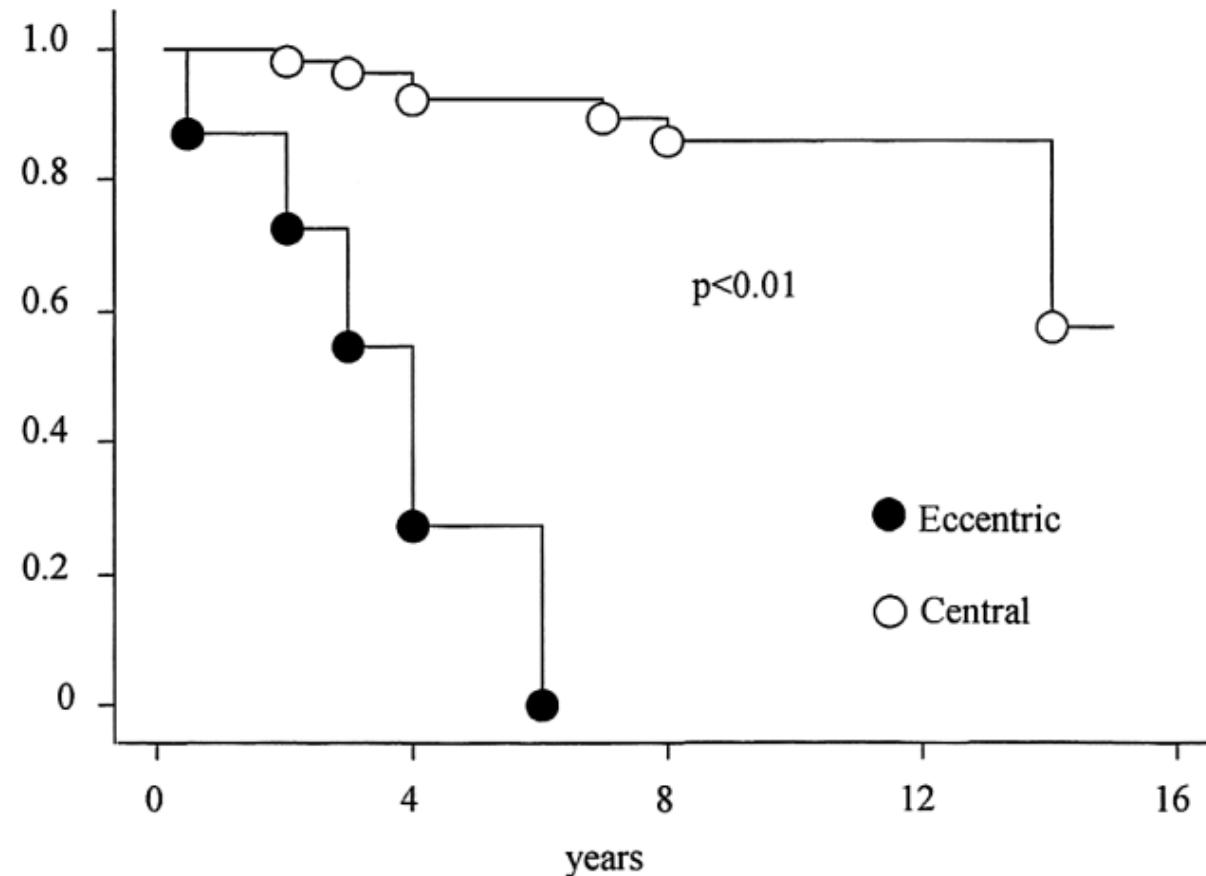
# CIV et IAO



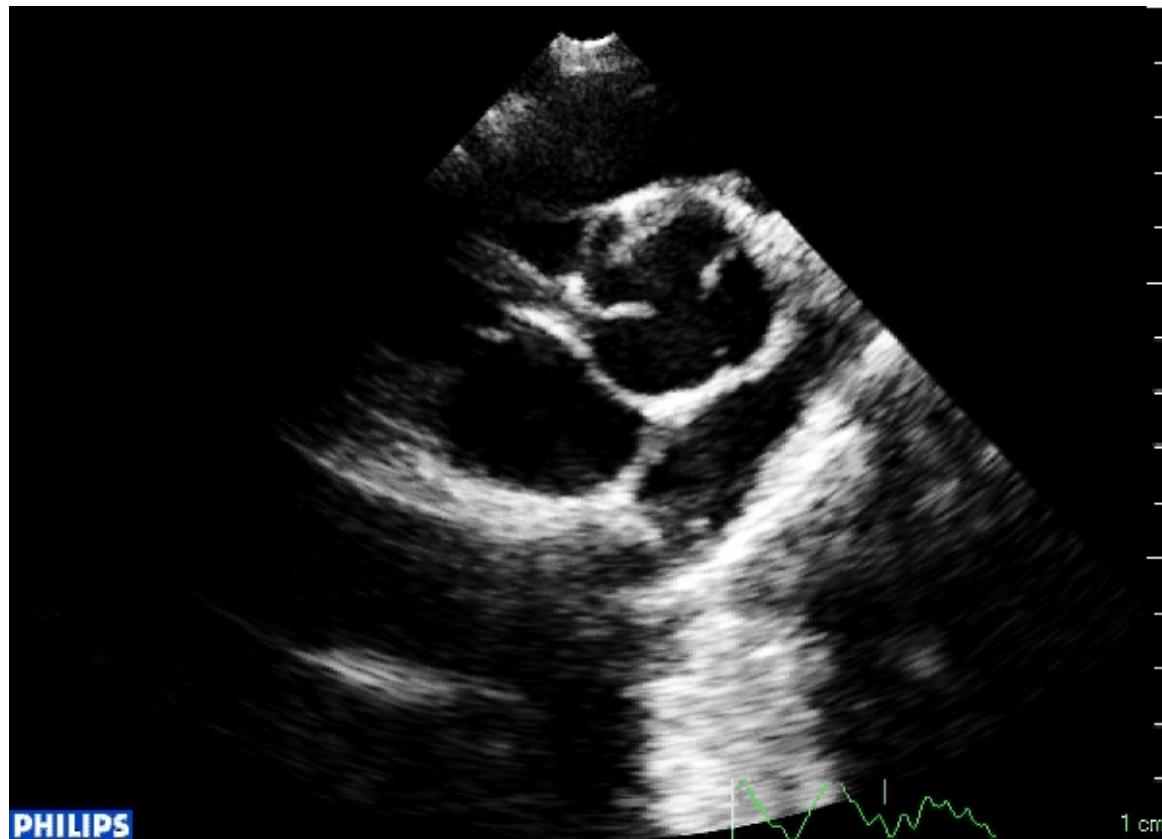
Tomita et al  
*Circ J*  
2003;67:672-5

# CIV et IAO

Freedom from moderate AR

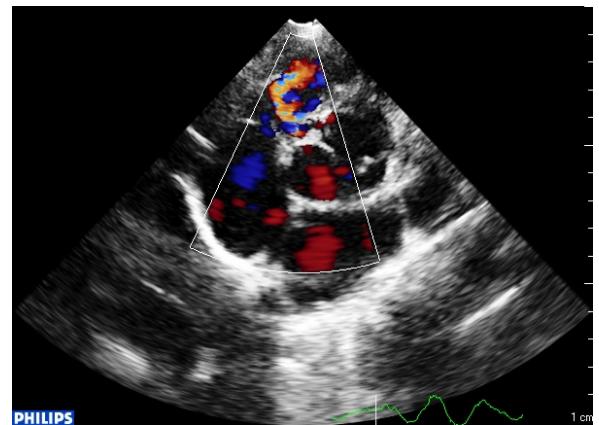


# CIV et IAO

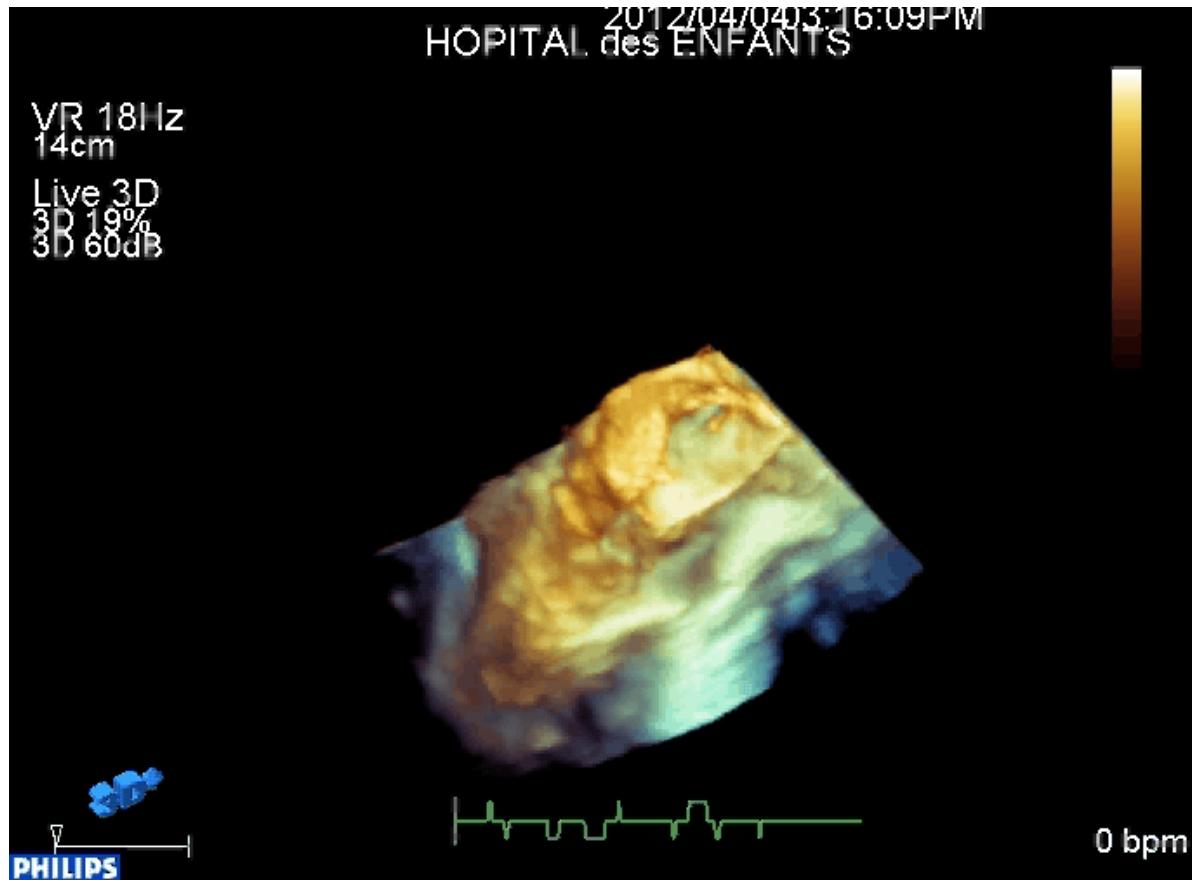


CIV périmembraneuse

- Cusp CD

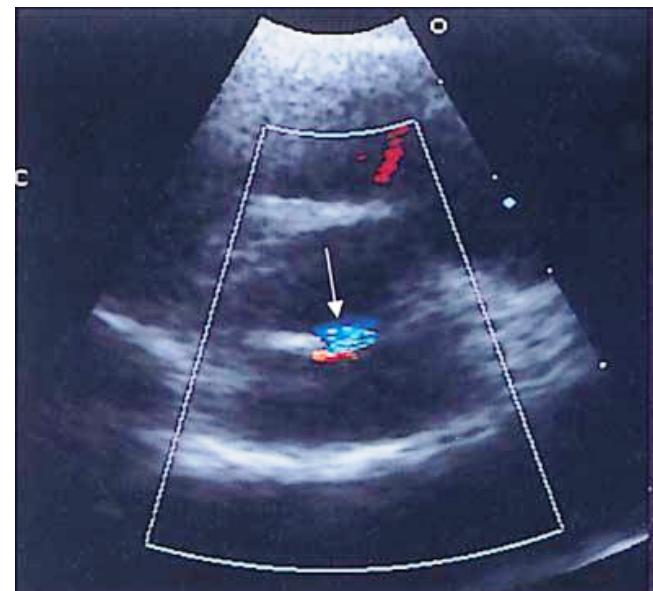


# CIV et IAO

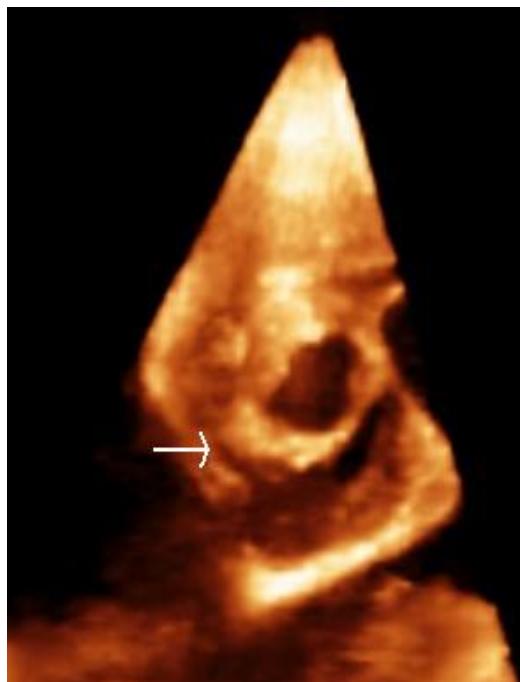
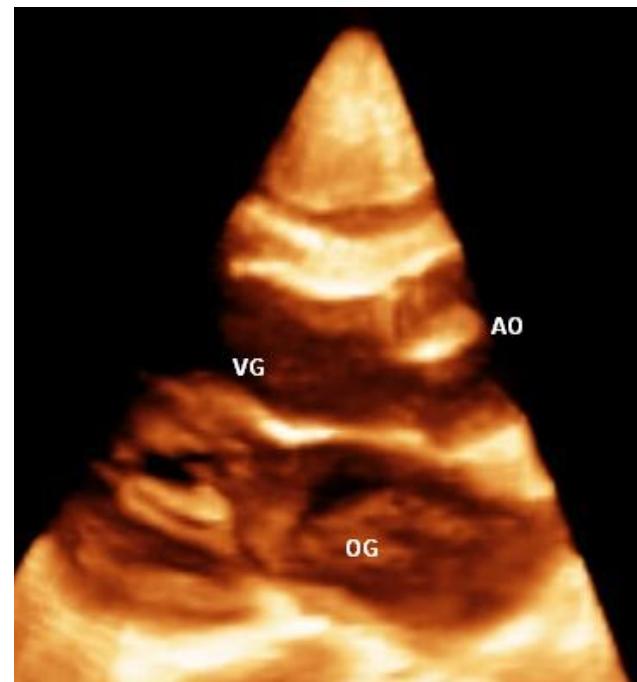


CIV périmembraneuse

- Cusp CD

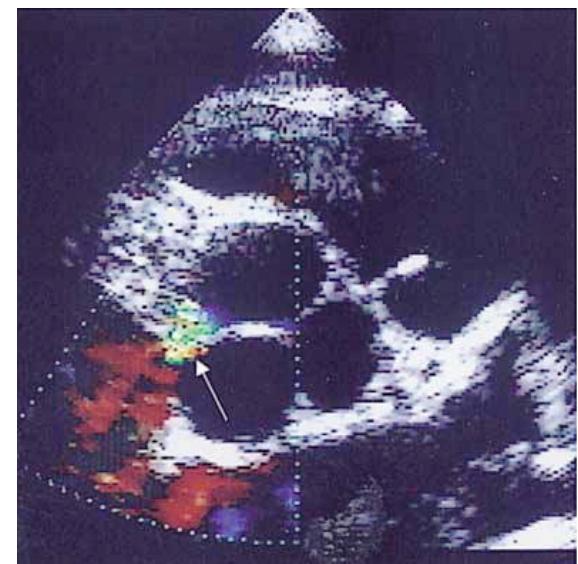


# CIV et IAO

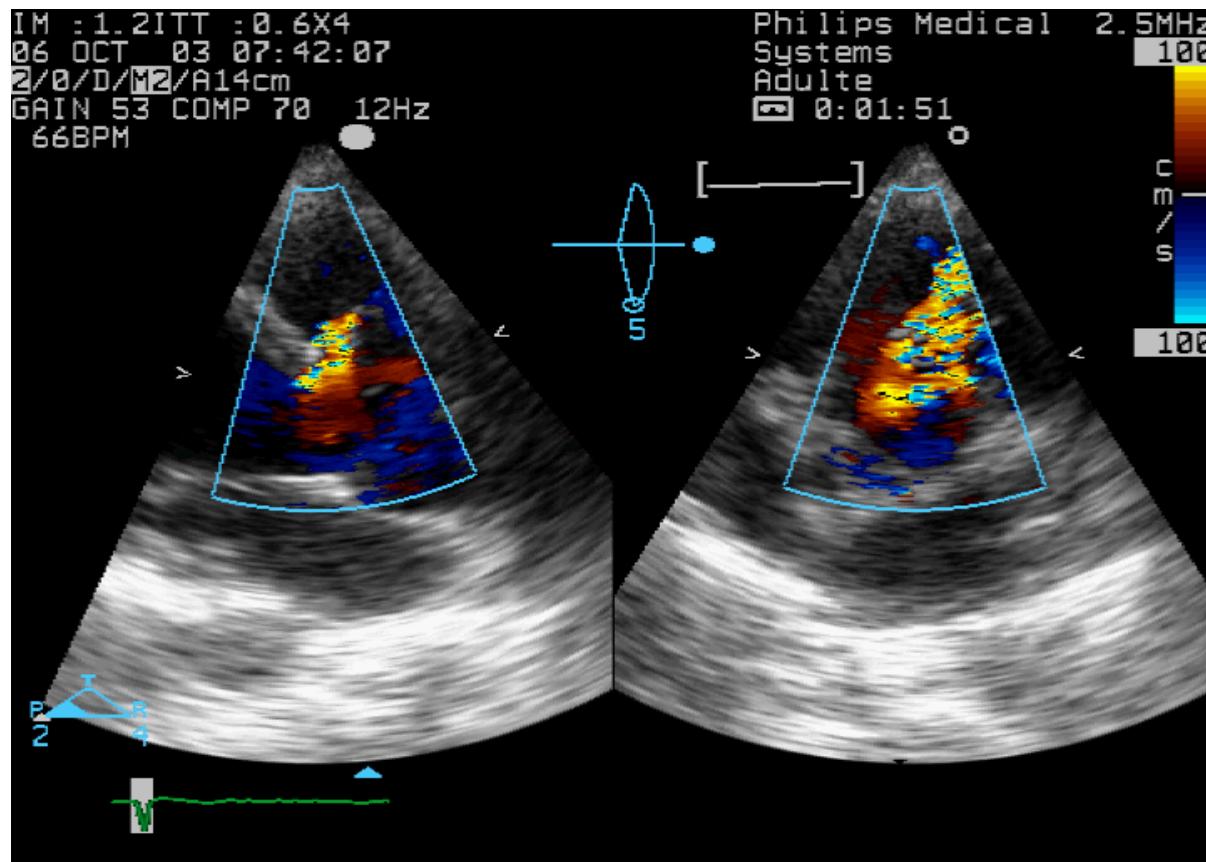


CIV périmembraneuse

- Commissure CD-NC



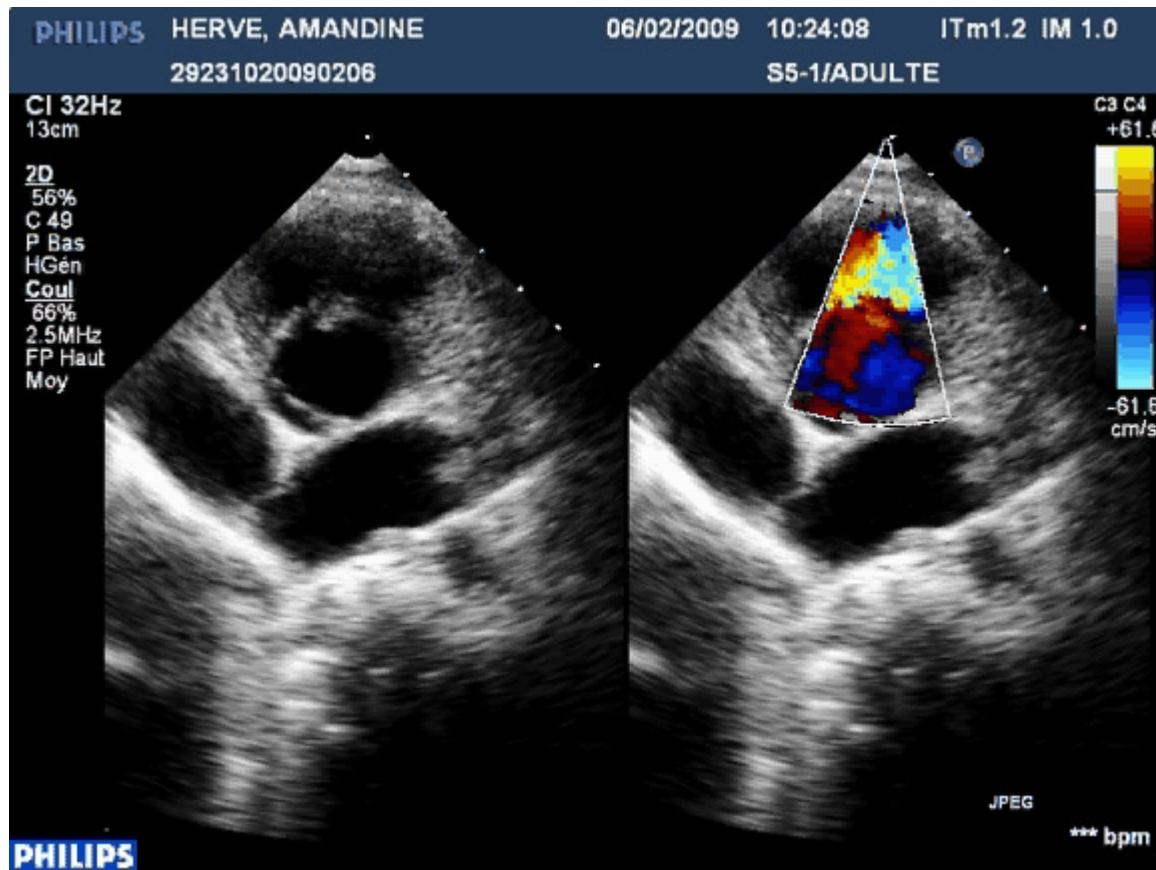
# CIV et IAO



CIV Infundibulaire

- Cusp CD

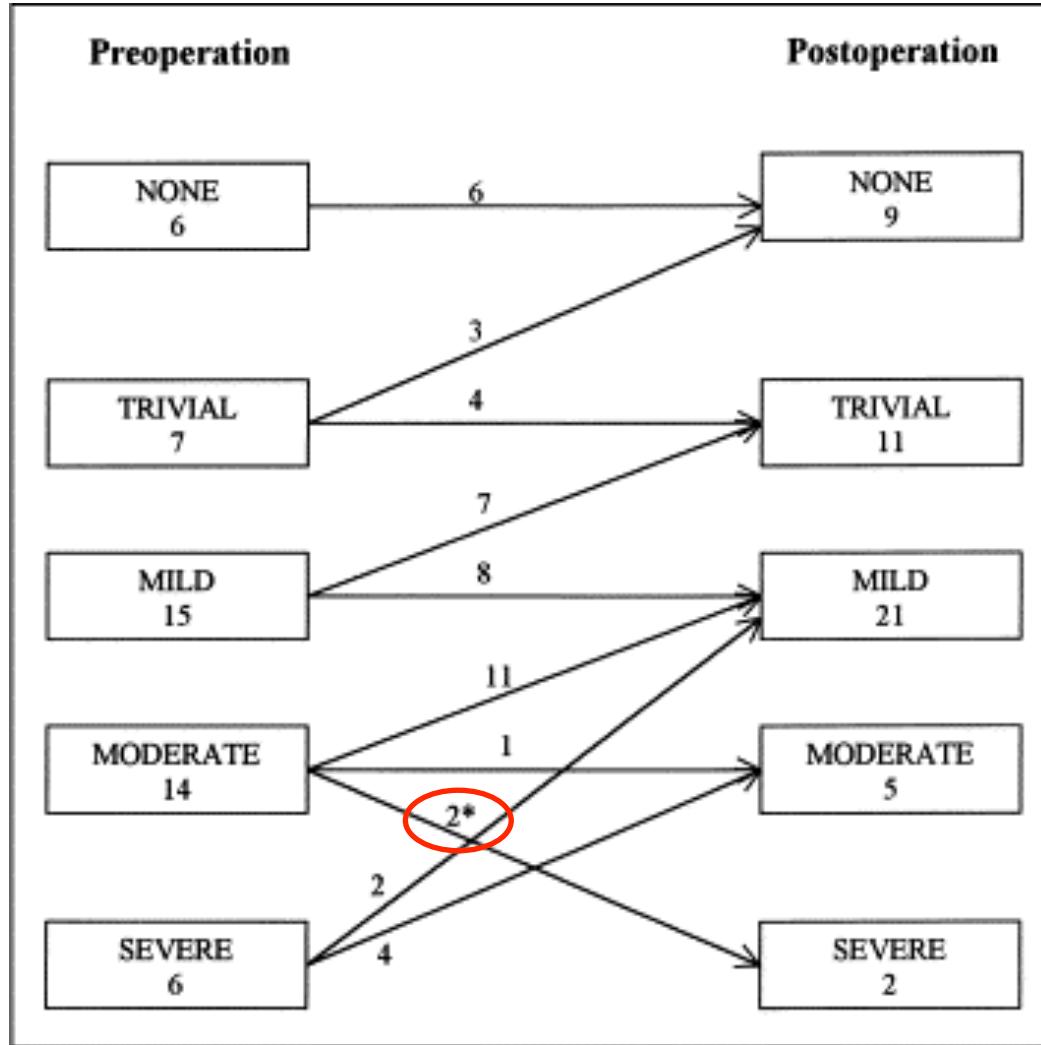
# CIV et IAO



CIV Infundibulaire

- Cusp CD
- Commissure CD-CG

# CIV et IAO



Lun et al.  
*Am J Cardiol*  
2001;87:1266-70