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Bilateral upper lobes pulmonary oedema with mitral regurgitation

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Mitral regurgitation is a well-recognised cause for cardiogenic pulmonary oedema. It is due to increased pressure in left atrium, pulmonary veins and capillaries and causes transudation of alveolar spaces leading to respiratory failure. It presents with symptoms of heart failure and usually associated with bilateral symmetrical changes on chest radiography. In literature, some cases of unilateral pulmonary oedema with mitral regurgitation were reported. We hereby report a case of a patient presented with severe mitral regurgitation and pulmonary oedema which affects upper lobes in relation to regurgitant jet from mitral regurgitation. A man presented with breathlessness, cough and orthopnoea. His ECG showed sinus tachycardia, but no other abnormalities were detected. His chest Xray showed bilateral upper zone pulmonary oedema. CT pulmonary angiogram confirmed upper lobes pulmonary oedema and ruled out pulmonary embolism. His blood results showed increased inflammatory markers. On examination, he had normal temperature, on 4L/min of oxygen, bilateral crackles throughout chest and harsh pansystolic murmur. Bedside echocardiography showed normal left ventricle with severe mitral regurgitation. His viral PCR for Covid-19 was negative. Departmental Echo confirmed normal left ventricle with posterior mitral valve prolapse and myxomatous appearance of the mitral valve. Trans oesophageal echo showed prolapsed P2 scallop, and we felt it is fibroelastic deficiency. Systolic vein reversal flow pattern noted in right superior pulmonary vein. Regurgitant jet was thought to be directing at right and left superior pulmonary veins. Distribution pattern of pulmonary oedema was also in relation to right upper and left upper pulmonary veins. Such presentations could present in mitral regurgitation with posterior valve prolapse and he had concomitant pneumonia given high inflammatory markers. He was admitted to coronary care unit and transferred to cardiothoracic hospital for mitral valve repair.

Biography

Aung Hein is a current internal medicine trainee in the U.K. He graduated from University of Medicine Mandalay (Myanmar) in 2009. He did his post graduate master in Bioscience at University of East London in 2010 and post graduate diploma in Cardiology in 2017 at Rila Institute affiliated by Middlesex University. He is currently preparing for specialist training in Cardiology. He has interest in cardiovascular imaging and valvular heart disease.