Echocardiographic visualisation of the interatrial baffle after Mustard's operation

Sir,

We read with great interest the communication by Hunter *et al.* (*British Heart Journal* (1977), **39**, 954). The authors described thickening and diminished movement of the baffle in 4 patients with caval obstruction.

We recently saw a patient with baffle obstruction who, in addition, had a baffle leak and pronounced systolic anterior movement of the tricuspid valve on M-mode echocardiogram (Fig.). Cardiac catheterisation showed an opening in the baffle suture line, a 1.3:1 Qp/Qs ratio, an 11 mmHg mean pressure gradient between the superior vena cava and the systemic venous atrium, and diffuse right ventricular hypokinesis. There was no right ventricular outflow tract obstruction.

The echocardiographic finding of tricuspid valve systolic anterior motion after Mustard operation has not been reported previously. Nanda *et al.* (1976) however described systolic anterior motion of the

baffle itself in 3 patients who had a 2:1 or greater baffle shunt. Because both the baffle obstruction and shunt were localised to an area low in the systemic venous chamber in our patient, the stream may have impinged on the tricuspid valve, causing it to move anteriorly during systole. Alternatively, the abnormal tricuspid valve motion may relate to the right ventricular dysfunction.

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Reference

Nanda, N. C., Gramiak, R., Stewart, S., and Manning, J. (1976). Echocardiographic recognition of intra-atrial baffle dysfunction. In *Ultrasound in Medicine*, Vol. 2, pp.13-20, ed Denis White and Ralph Barnes. Plenum Press, New York.

Fig. M-mode echocardiogram showing prominent systolic anterior motion of the tricuspid valve. RV, right ventricle; TV, tricuspid valve.