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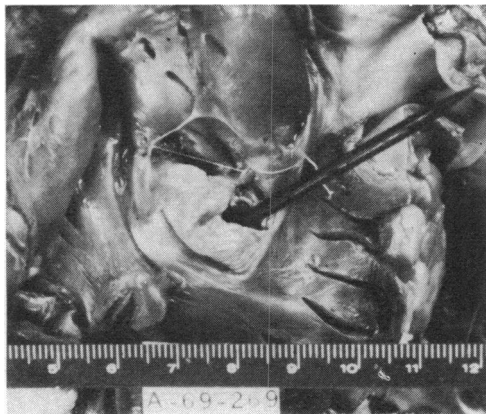


FIG. Gross photograph of tricuspid valve and right ventricle. The probe is positioned through the stenotic valve. A portion of the hypoplastic pulmonary valve is seen at the upper right.

except for their small size. The left atrium and left ventricle were dilated but otherwise normal. The mitral ring was dilated and the valve appeared insufficient. In the diaphragmatic myocardium there was a large, healed infarction which probably permitted aneurysmal dilatation during life. However, the coronary arteries were widely patent showing little atherosclerosis.

There were no significant lesions of the pulmonary blood vessels, and the ostia of the bronchial arteries were not enlarged. The left middle cerebral artery was occluded by an embolus, causing infarction of the left temporal lobe.

Discussion

Prolonged survival with severe malformations of the right heart requires an alternate route for pulmonary blood flow. Interatrial shunts are uniformly found in these patients. Tricuspid atresia or severe tricuspid stenosis in adults ordinarily necessitates a ventricular

septal defect and enough pulmonary outflow obstruction to prevent hypertension (Castleman and McNeely, 1969; Jordan and Sanders, 1966). However, we could find two case reports of right ventricular hypoplasia coupled with stenosis or hypoplasia of the tricuspid valve without interventricular communication. One patient was a 23-year-old man (Sackner *et al.*, 1961), the other a 39-year-old man (Popper, Kushner, and Gasul, 1956). Similarly, the patient we are describing had no ventricular septal defect. Apparently the severe obstruction to pulmonary blood flow was largely overcome in this case through collateral bronchial circulation. Though evidence of these collaterals was not found at necropsy, they were shown by x-ray examination.

This patient's long survival was especially remarkable because her myocardium had been weakened 22 years before death by a large diaphragmatic infarction.

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Notice

The 'Fondation de Physiopathologie Professeur Lucien Dautrebande' will award during the year 1973 an international prize of about 500,000 Belgian Francs (\$10,000 U.S.).

It will be a reward for work on human or animal physiopathology, such work preferably having therapeutic implications. For further information about this prize, please write to the office of the Foundation: 35, chaussée de Liège, 5200 Huy (Belgium).