DISCUSSION

A systolic anterior motion of the mitral valve has been known to occur in hypertrophic cardiomyopathy, and it is evidence for outflow obstruction; its mechanism is still not well understood. We have also observed that ectopic chordae tendineae can also produce an abnormal systolic anterior motion of the mitral valve with functional outflow obstruction in the absence of hypertrophic cardiomyopathy (unpublished data). Bulkley and Fortuin reported a case of typical echocardiographic mitral systolic anterior motion in a patient with a normal heart. They postulated that hypovolemia and catecholamine stimulation were responsible for such an abnormality.

Several investigators have shown that hemorrhagic shock and infusion of catecholamines may produce functional intraventricular obstruction. In our case the combination of hypovolemia and anemia seem to have caused the echocardiographic abnormality. Although in our case, as in the one reported by Bulkley and Fortuin, no pressure recordings were made, the association of a loud systolic murmur and the systolic anterior motion in the echocardiogram suggests an outflow gradient. The absence of left ventricular hypertrophy, the finding of a perfectly normal mitral leaflet with no thickening, and the history of a recent murmur all suggest that the functional obstruction was indeed related to the circumstances of terminal illness, namely, hypovolemia and anemia. I would like to subscribe to the speculation of myopathy (unpublished data). Several investigators have shown that hemorrhagic shock and infusion of catecholamines may produce functional intraventricular obstruction. In our case the combination of hypovolemia and anemia seem to have caused the echocardiographic abnormality. Although in our case, as in the one reported by Bulkley and Fortuin, no pressure recordings were made, the association of a loud systolic murmur and the systolic anterior motion in the echocardiogram suggests an outflow gradient. The absence of left ventricular hypertrophy, the finding of a perfectly normal mitral leaflet with no thickening, and the history of a recent murmur all suggest that the functional obstruction was indeed related to the circumstances of terminal illness, namely, hypovolemia and anemia. I would like to subscribe to the speculation of myopathy (unpublished data).

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REFERENCE


Coronary Arterial Aneurysm vs Poststenotic Dilatation

To the Editor:

I enjoyed the article entitled "Coronary Artery Aneurysm: A Review of the Literature with a Report of 11 New Cases" by Falsetti and Carroll in the May issue (Chest 69:630-636, 1976). Nevertheless, I was a bit disturbed by the classification of some of the abnormalities illustrated as aneurysms. In spite of the definition of aneurysms as

REFERENCES