A 52-year-old black woman with history of ventricular septal defect (VSD) as a child presented with dyspnea on exertion, abdominal swelling, and bilateral lower extremity edema of 2 weeks’ duration. Her physical examination revealed elevated jugular venous pressure, tricuspid stenosis murmur, and ascites.

Transthoracic echocardiograms (Figures 1 and 2) showed marked right atrial dilatation, severe tricuspid regurgitation, and a VSD patch causing right ventricular inflow tract obstruction. The area of turbulence is well above the tricuspid valve and is at the level of the patch bulging into the right ventricular inflow tract (Figure 2).

A transesophageal echocardiogram revealed the VSD patch bulging into the right ventricle, as seen in Figure 3.

The patient was treated with diuretics and large-volume paracentesis and was referred for surgical intervention.
Ventricular Septal Defect Patch Causing Right Ventricular Inflow Tract Obstruction
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