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CASE REPORT

Differential Clubbing and a Triad of Patent Ductus Arteriosus, Ventricular Septal Defect and Supravalvular Ring Mitral Stenosis: A Case Report

Hippocratismes Digital Différentiel et Triade de Canal Artériel Persistant, de Communication Interventriculaire et de Sténose Mitrale à Anneau Supravalvulaire : Un Rapport de Cas

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ABSTRACT

It is not uncommon for congenital heart defects to occur in clusters. Those involving a right to left heart shunt commonly cause cyanosis and finger clubbing. Differential clubbing involving only the lower limb digits is a strong pointer to the presence of patent ductus arteriosus with reversal of shunt.

We report a case of 25-year-old man with effort intolerance and differential clubbing. He was found to have the uncommon triad of patent ductus arteriosus, ventricular septal defect and supravalvular ring mitral stenosis.

The presence of differential clubbing on a background of patent ductus arteriosus usually indicates a reversal of shunt and negates surgical intervention. This general rule may however not apply with co-existing mitral stenosis as the elevated pulmonary pressure may be predominantly post capillary. The finding of mitral stenosis in a patient with patent ductus arteriosus and differential limb clubbing may signify a good prognostic surgical outcome.

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KEYWORDS: differential clubbing, patent ductus arteriosus, ventricular septal defect, supravalvular ring mitral stenosis.

RÉSUMÉ

Il n'est pas rare que des malformations cardiaques congénitales surviennent en clusters. Celles impliquant un shunt cardiaque droite-gauche provoquent souvent une cyanose et un hippocratismes digital. L'hippocratismes digital différentiel touchant uniquement les orteils des membres inférieurs est un indicateur fort de la présence d'un canal artériel persistant avec inversion du shunt.

Nous rapportons le cas d'un homme de 25 ans présentant une intolérance à l'effort et un hippocratismes digital différentiel. Il a été diagnostiqué avec la triade peu commune de canal artériel persistant, de communication interventriculaire et de sténose mitrale à anneau supravalvulaire.

La présence d'un hippocratismes digital différentiel sur un fond de canal artériel persistant indique généralement une inversion du shunt et exclut une intervention chirurgicale. Cependant, cette règle générale peut ne pas s'appliquer en présence d'une sténose mitrale concomitante, car la pression pulmonaire élevée peut être principalement post-capillaire. La découverte d'une sténose mitrale chez un patient atteint de canal artériel persistant et d'un hippocratismes digital différentiel peut indiquer un bon pronostic pour l'intervention chirurgicale. WAJM 2024; 41 (1): 87 - 91.

MOTS-CLÉS: hippocratismes digital différentiel, canal artériel persistant, communication interventriculaire, sténose mitrale à anneau supravalvulaire.

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Abbreviations: AF: Atrial fibrillation, A4CH: Apical four chamber, CHD: Congenital heart disease, ECG: Electrocardiogram, LA: Left atrium, LPA: Left pulmonary artery, L-R: Left to right, LV: Left ventricular, MPA: Main pulmonary artery, MS: Mitral stenosis, MV: Mitral valve, PAH: Pulmonary arterial hypertension, PDA: Patent ductus arteriosus, RA: Right atrium, RV: Right ventricle, RDP: Right descending pulmonary artery SMR: Supravalvular mitral ring, SRMS: Supravalvular ring mitral stenosis, VSD: ventricular septal defect