Four artificial heart valves
Bijl, M.; van den Brink, R.B.A.

Published in:
The New England journal of medicine

DOI:
10.1056/NEJMicm040922

Citation for published version (APA):

General rights
It is not permitted to download or to forward/distribute the text or part of it without the consent of the author(s) and/or copyright holder(s), other than for strictly personal, individual use, unless the work is under an open content license (like Creative Commons).

Disclaimer/Complaints regulations
If you believe that digital publication of certain material infringes any of your rights or (privacy) interests, please let the Library know, stating your reasons. In case of a legitimate complaint, the Library will make the material inaccessible and/or remove it from the website. Please Ask the Library: http://uba.uva.nl/en/contact, or a letter to: Library of the University of Amsterdam, Secretariat, Singel 425, 1012 WP Amsterdam, The Netherlands. You will be contacted as soon as possible.
A 67-YEAR-OLD WOMAN REPORTED HAVING PROGRESSIVE SHORTNESS OF breath over several months, three years after undergoing aortic-valve replacement for aortic insufficiency. The patient had migraine headaches for which she had received 2 mg of ergotamine tartrate daily for many years. On physical examination, her blood pressure was 170/95 mm Hg. She had elevated jugular venous pressure, and grade 2/6 systolic and diastolic murmurs were noted along the right sternal border. The results of laboratory analysis for 5-hydroxyindoleacetic acid were normal. Echocardiography showed a normal aortic-valve prosthesis and thickened mitral, pulmonary, and tricuspid valves with severe insufficiency. Cardiac catheterization revealed elevated right atrial pressure and normal coronary arteries. On rethoracotomy, all three native valves were found to be severely thickened and were replaced with St. Jude Medical prostheses. The patient had an uneventful recovery, and her symptoms improved from New York Heart Association class IV to class I. A follow-up radiograph of the chest shows the position of all four prosthetic valves (arrows, Panels A and B). Pathological examination showed changes compatible with the long-term use of ergotamine. A review of the pathological report from her initial aortic-valve surgery three years earlier demonstrated findings consistent with ergotamine toxicity as well. The patient continues to do well at one year and uses paracetamol for management of migraine pain.