



**Case Report**

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# Flail Mitral Valve after Receiving Sovaldi (Sofosbuvir) for Chronic Hepatitis C Genotype 4 Infection: Case Report



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## Case Presentation

A 50 years old male worker, heavy smoker and hypertensive presented by shortness of breath and palpitation. The condition started 2 weeks ago with sudden onset and progressive course. The patient gives a history of chronic hepatitis C genotype

4 which was treated by Sovaldi (Sofosbuvir), Ribavirin and Pegylated interferon alfa for the last 12 weeks. The baseline echocardiography (before starting the regimen) showed mitral valve prolapse with moderate mitral regurgitation.

**Table 1:** Laboratory investigation.

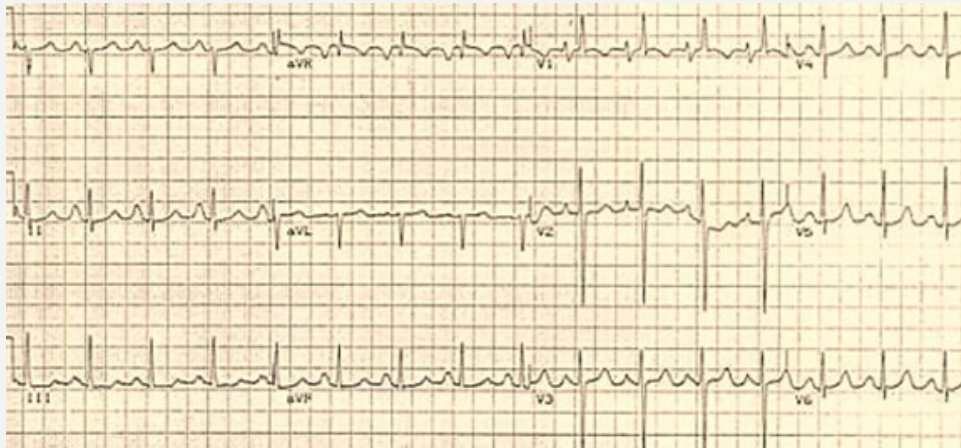
	Value		Reference Range	
<b>Hemoglobin</b>	14.8	g/dl	(13.5 - 17.5)	g/dl
<b>WBC Count</b>	5800	/mm <sup>3</sup>	(4500 - 11000)	/mm <sup>3</sup>
<b>Platelets Count</b>	160 X10 <sup>3</sup>	/mm <sup>3</sup>	(150-400X10 <sup>3</sup> )	/mm <sup>3</sup>
<b>Hematocrit</b>	42.7	%	(41 - 53)	%
<b>AST</b>	35	U/L	(8 - 40)	U/L
<b>ALT</b>	31	U/L	(8 - 40)	U/L
<b>Prothrombin Time</b>	20	s	(11 - 14)	s
<b>INR</b>	1.4		(0.9 - 1.1)	
<b>PTT</b>	53	s	(18 - 45)	s
<b>BUN</b>	24	mg/dl	(8 - 25)	mg/dl
<b>Creatinine</b>	1.1	mg/dl	(0.6 - 1.5)	mg/dl
<b>FBS</b>	90	mg/dl	(70 - 110)	mg/dl
<b>Troponin T</b>	0.01	ng/ml	(<0.03)	ng/ml

On examination, blood pressure was 140/90, heart rate was 95/min, respiratory rate was 24/min and temperature were 36.8°C. There was bilateral fine basal crepitation, lower limb edema, congested neck veins and grade 4 blowing holo-systolic murmur was heard over the apex.

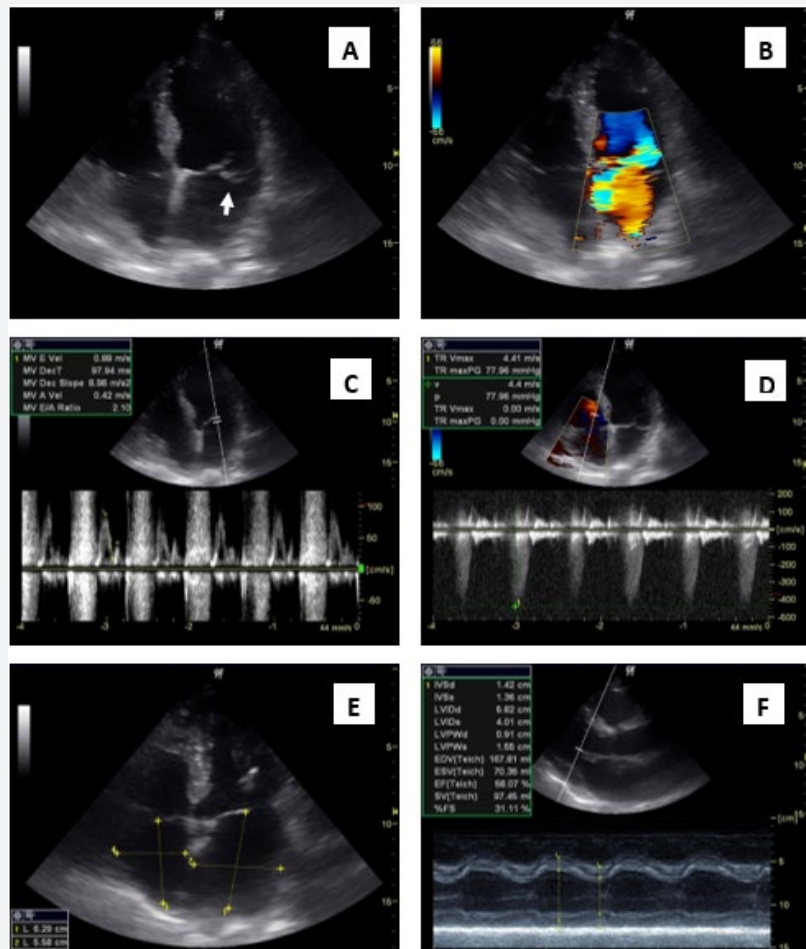
A 10cc of blood was withdrawn from the patient for laboratory investigation that was generally insignificant (Table 1). ECG showed bi-atrial and right ventricular enlargement (Figure 1).

Echocardiography was performed that showed flail posterior mitral valve leaflet with severe eccentric mitral regurgitation, moderate tricuspid regurgitation, elevated pulmonary artery pressure (Estimated PAP=90mmHg) and dilated left atrium, right atrium and right ventricle (Figure 2).

The patient was advised to perform pre-operative coronary angiography and surgery for the mitral valve, but the patient refused to perform any more procedures or any medical treatment.



**Figure 1:** The patient ECG showed bi-atrial and right ventricular enlargement.



**Figure 2:** The patient echocardiography showed flail posterior mitral valve leaflet “the arrow” (Panel A) with severe eccentric mitral regurgitation (Panel B & C), moderate tricuspid regurgitation, elevated pulmonary artery pressure (Estimated PAP=90mmHg) (Panel D), dilated left atrium, right atrium and right ventricle (Panel E) and normal left ventricle dimensions and function (Panel F).



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