



Figure. Left, Emergency transthoracic echocardiography showing fibromembranous tissue connected to the base of the interventricular septum in the left ventricular outflow tract under the aortic valve (*arrowhead*, fibromembranous tissue; *arrow*, aortic valve; LA, left atrial, LV, left ventricle). Right, Color Doppler imaging showing accelerated blood flow in the left ventricular outflow tract (*arrow*).

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A 77-year-old woman presented to the emergency department with a 1-month history of chest tightness and shortness of breath after activity. Physical examination showed a systolic ejection murmur (grade 4/6) in the aortic valve region. Laboratory testing did not reveal any abnormalities. Emergency transthoracic echocardiography showed fibromembranous tissue (*Figure 1, left, arrowhead*) connected to the base of the interventricular septum in the left ventricular outflow tract under the aortic valve (*Figure, left, arrow; Video 1*). This tissue caused moderate obstruction of the left ventricular outflow tract (peak instantaneous gradient was 61 mm Hg; mean gradient was 37 mm Hg). Color Doppler imaging showed accelerated blood flow in the left ventricular outflow tract (*Figure, right, arrow; Video 2*). The patient was transferred to the Department of Cardiothoracic Surgery for treatment. During the operation, fibromembranous tissue measuring 0.5×0.5 cm was resected from the left ventricular outflow tract under the aortic valve.

*For the diagnosis and teaching points, see page e64.
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*(continued from p. e63)***DIAGNOSIS:**

Discrete subaortic stenosis. Discrete subaortic stenosis is a congenital heart disease that results in the formation of fibromembranous tissue, which causes an increased pressure gradient in the left ventricular outflow tract. Management of discrete subaortic stenosis consists of surgical resection; however, this disease has a high rate of recurrence.¹

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REFERENCE

1. Massé DD, Shar JA, Brown KN, et al. Discrete subaortic stenosis: perspective roadmap to a complex disease. *Front Cardiovasc Med.* 2018;5:122.