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First Time in India “Inoue Balloon Mitral Valvuloplasty” (PTMC) was performed by **Dr. P. Lal without Cathlab** in February, 1992. This procedure is useful in patients with mitral stenosis during pregnancy protecting the foetus from the side effects of the radiation.

PUBLICATION

Paper Presented and published in Indian Heart Journal (**1st Scientific Paper of the Country on Balloon Mitral Valvuloplasty without Fluoroscopy**)

- ❑ P Lal, PT Upasani, P Jain, KK Kapur, PD Nigam : Balloon Mitral Valvuloplasty without Fluoroscopy (abstract). Ind Heart J 48:529, 1996
- ❑ P Lal, PT Upasani : Balloon Mitral Valvuloplasty without Fluoroscopy (abstract). J Inter Cardiol, Volume 11, Issue Supplement S5-S136, 1998



Balloon Device



Still Image from Procedure

“ MITRAL VALVULOPLASTY” WITH ECHO
WITHOUT CATHLAB
FIRST TIME IN INDIA
FEBRUARY 1995.

Repairing heart valve with echo-cardiography

calcified, tight mitral valve in the heart of a 33-year-old man from Assam was treated with the help of ultrasound (echo-cardiography) without the use of cath lab equipment at the Hospital recently. This is part of the research undertaken by senior interventional cardiologist Purushotham Lal of Hospital, the patient, Mr. M. D. Nisajuddin Ahmed, who had suffered from mitral stenosis condition resulting from rheumatic heart disease (RHD). Earlier he suffered a stroke because of this condition. As the patient was unable to meet the expense of the cath lab, the doctor decided to open up the patient's narrow valve with the help of echo-cardiography.

The procedure was performed on an out-patient procedure under sedation with an important procedure could benefit one per cent of the population in India, particularly in the

lower socio-economic, who suffer from RHD, a preventable condition. The condition causes thickening and shrinking of the valve

prime of life. Dr Lal said this procedure would be invaluable during pregnancy as there are many women



Ahmed



Dr. Lal

leading to its narrowing and leaking. The result is exertions, difficulty in breathing and palpitations causing morbidity during the

who discover this problem only during the later part of their pregnancy. This requires immediate opening of the narrow valve either

by surgery or valvuloplasty with the help of cath lab equipment under X-ray control causing the foetus to be exposed to radiation despite wrapping the patient in lead-screens.

Current advances allow echo-cardiography to be performed with the help of an endoscope inserted through the oesophagus. If the procedure performed on Mr. Ahmed becomes standardised, it will save the expense of cath lab and can be performed by experienced interventionalists. It can also be performed on pregnant women without any danger to the foetus.

The doctor also informed that according to the Japanese manufacturers of the balloon, there was no record in medical literature of a mitral valve being opened using the echo-cardiograph.

Dr. Lal has pioneered several interventional techniques in the country in the field of interventional cardiology for the treatment of coronary heart diseases, valvular and congenital heart diseases.

-P.T. Jyothi.

Coverage in News Paper