Hypertrophic obstructive cardiomyopathy is a rare disease that can affect men and women of all ages. Symptoms can appear in either childhood or adulthood and is the most common cause of sudden death in those under 30 years of age. It is a familial disease that runs in families in an autosomal dominant pattern.

In hypertrophic obstructive cardiomyopathy, the growth and arrangement of muscle fibres are abnormal, leading to thickened heart walls. The greatest thickening tends to occur in the left ventricle, especially in the septum. The thickening reduces the size of the pumping chamber and obstructs blood flow. It also prevents the heart from properly relaxing between beats and filling with blood. Eventually, this limits the pumping action and the amount of blood that is circulated to the body. That’s why anesthesia is very challenging to maintain normal hemodynamics and preventing obstruction of the outflow tract.

Our case discussion will focus on the anesthetic technique for a case of Septal myectomy in a HCM patient and the use of TEE in the assessment of the patient pre and post the septal myectomy.