

IMAGES IN CLINICAL MEDICINE

Lindsey R. Baden, M.D., *Editor*

Müller's Sign



A 43-YEAR-OLD MAN WITH HISTORY OF RHEUMATIC HEART DISEASE PRESENTED WITH A 2-MONTH HISTORY OF PALPITATIONS AND BREATHLESSNESS. ON EXAMINATION, THE PULSE WAS REGULAR AT 110 BEATS PER MINUTE, AND THE BLOOD PRESSURE WAS 180/40 mm Hg. HE HAD A BOUNDED CAROTID PULSE (CORRIGAN'S SIGN), A COLLAPSING BRACHIAL PULSE, PISTOL-SHOT SOUNDS HEARD OVER THE FEMORAL ARTERIES (TRAUBE'S SIGN), AND A HYPERDYNAMIC APEX THAT WAS SHIFTED Laterally and inferiorly. Inspection of the oral cavity showed systolic pulsations of the uvula (Müller's sign; see video). On auscultation, there was a grade 3 early diastolic murmur at the left sternal border and a pansystolic murmur at apex. Electrocardiography showed sinus tachycardia with left axis deviation and left ventricular hypertrophy. Transthoracic echocardiography revealed severe aortic regurgitation with moderate mitral regurgitation. In chronic severe aortic regurgitation, a large stroke volume and systolic hypertension produce a variety of physical signs, as in this patient. Müller's sign is a rare manifestation of a large stroke volume. Like most eponymic signs, it has not been adequately evaluated for precision or accuracy and does not predict the clinical outcome of aortic regurgitation.

DOI: 10.1056/NEJMicm1201418

Copyright © 2013 Massachusetts Medical Society.

Suresh Rama Chandran, M.D.
Rojith Karandode Balakrishnan,
M.D.

Government Medical College Hospital
Coimbatore, India
drsureshrc@yahoo.com