CASE IMAGE

Vegetation in the left ventricular outflow tract in the presence of a subaortic web

Subaortik bir ağ varlığında sol ventrikül çıkım yolunda vejetasyon

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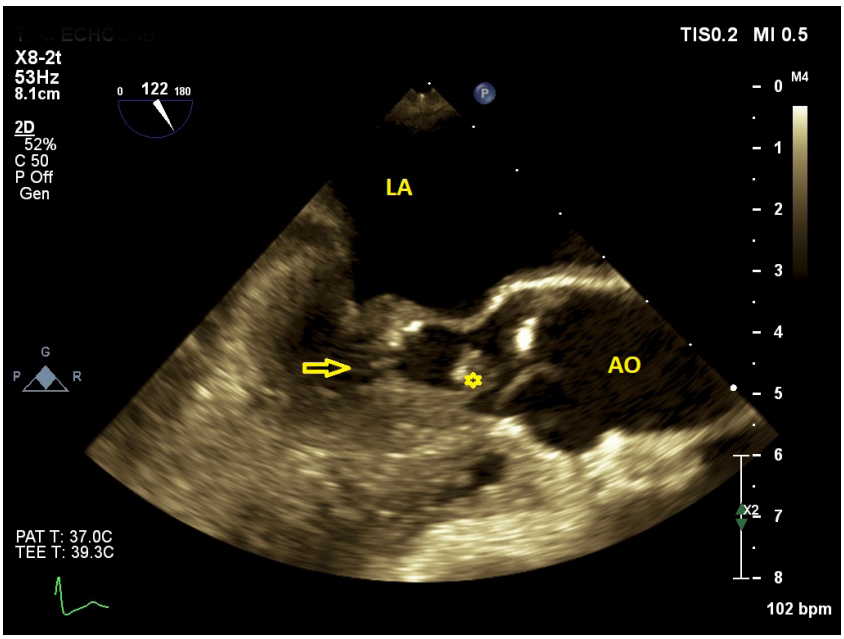
A 47-year-old woman was referred to the echocardiography laboratory for evaluation of fever and dyspnea on exertion defined as functional class II according to the New York Heart Association classification. The patient had a history of fever and significant weight loss in the preceding 20 days. The physical examination was not remarkable, with the exception of a systolic murmur (III/VI) in the cardiac apex. Transthoracic and transesophageal echocardiographic examinations demonstrated moderate mitral regurgitation with thickening of the anterior mitral leaflet tip, mild aortic regurgitation with multiple vegetations on the aortic cusps, a subaortic web, and severe left ventricular outflow tract stenosis with a semimobile mass (12×8 mm) attached to the anterior wall of the left ventricular outflow tract between the subaortic web and the aortic valve, suggestive of vegetation (Fig. A). The size and function of the left and right ventricles were normal, although there was moderate left ventricular hypertrophy. There was no other congenital abnormality. Moderate pericardial effusion was also present. The patient was admitted, and laboratory evaluations revealed significant anemia (hemoglobin: 6.7 g/dL) and an increased erythrocyte sedimentation rate. Additionally, 3 blood cultures resulted in streptococcus hemolytic growth, which was subsequently treated with vancomycin for 6 weeks. Mitral and aortic valve replacement was performed through the resection of the subaortic web and the related vegetation. The patient was followed for a month after discharge and was symptom-free. The presence of vegetation in the left ventricular outflow tract is rare in a setting of infective endocarditis. In the presence of congenital abnormalities such as a subaortic web, the vegetation can exist in conjunction with congenital pathologies due to shear stress and related endocardial injury. Accordingly, in the echocardiographic evaluation of patients with infective endocarditis in the setting of congenital abnormalities, special attention should be paid to related structures.



Figure– (A) Long-axis view of the aortic valve with 2-dimensional transesophageal echocardiography. The membrane in the left ventricular outflow tract (arrow) and vegetation (*) in the left ventricular outflow tract between the aortic valve and the membrane are visible. AO: Ascending aorta; LA: Left atrium. *Supplementary video files associated with this presentation can be found in the online version of the journal.