

CASE IMAGE

A rare complication of infective endocarditis: Ruptured pseudoaneurysm of mitral-aortic intervalvular fibrosa**Enfektif endokarditin nadir bir komplikasyonu: Mitral-aortik interventriküler fibrozada gelişen psödoanevrizmanın rüptürü**

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Tuğba Aktemur#

Gündüz Durmuş

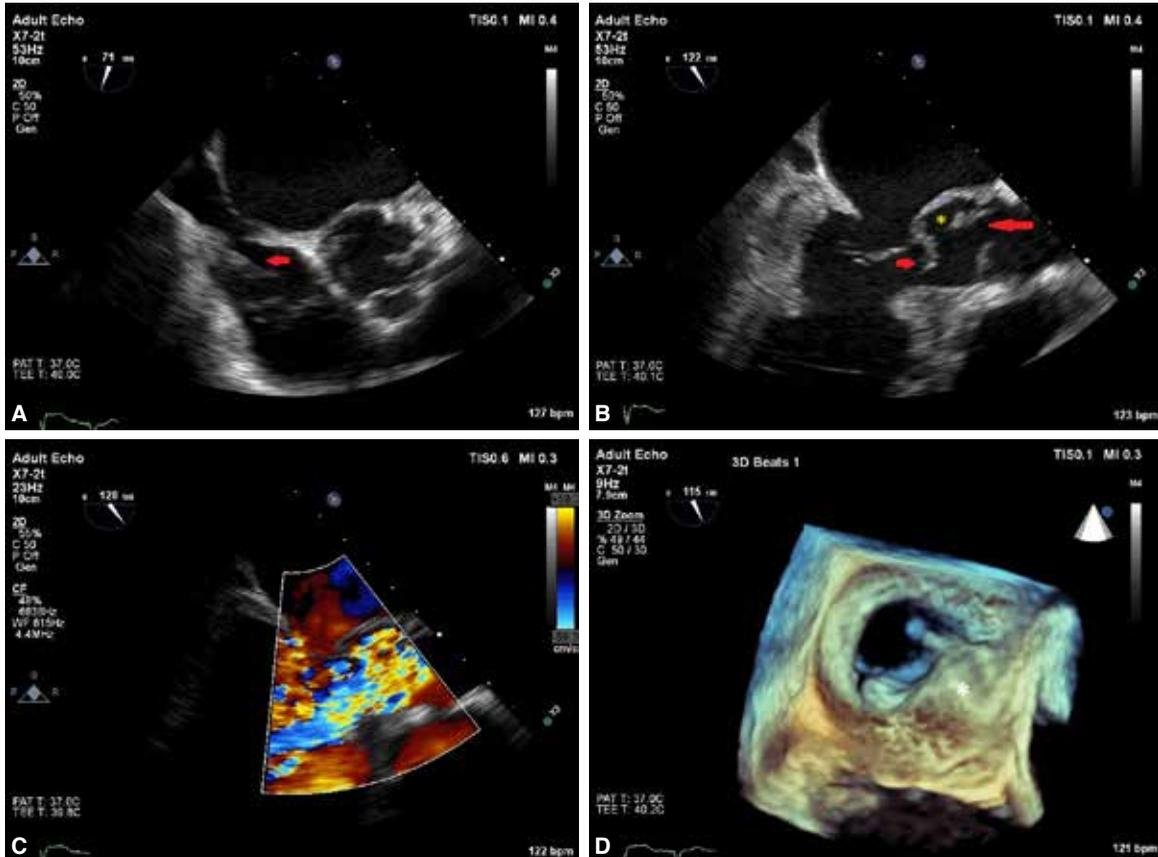
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A 69-year-old female patient presented at cardiology department as result of fatigue, fever, and dyspnea ongoing for 1 week. She had been hospitalized for acute renal injury superimposed on chronic kidney disease 4 weeks earlier. Temporary dialysis catheter had been placed in the right subclavian vein and she was receiving dialysis treatment 3 times a week. Clinical examination revealed

5/6 diastolic murmur and thrill in right parasternal area. Electrocardiogram showed sinus tachycardia. Transthoracic echocardiography displayed severe aortic regurgitation with normal ejection fraction. Transesophageal echocardiography (TEE) short axis view revealed vegetation in the right atrium (Figure A, Video 1*). TEE long axis view indicated ruptured aortic cusps and ruptured pseudoaneurysm of the mitral-aortic intervalvular fibrosa (Figure B, Video 2*). Color Doppler showed severe aortic regurgitation and flow into pseudoaneurysm through ruptured portion (Figure C, Video 3*). Three-dimensional TEE depicted pseudoaneurysm better (Figure D, Video 4*). The patient died due to septic shock day after consultation before there was time for surgery.



Figures– (A) Large vegetation in right atrium (arrow). (B) Pseudoaneurysm cavity (asterisk), ruptured and mobile portion of mitral-aortic intervalvular fibrosa (small arrow), and ruptured aortic cusps (large arrow). (C) Severe aortic regurgitation and turbulent flow into pseudoaneurysm. (D) Bulging of pseudoaneurysm into left atrium (asterisk), view from the left atrial roof. *Supplementary video files associated with this presentation can be found in the online version of the journal.