CASE IMAGE

Connection between the left ventricular outflow tract and the main pulmonary artery in a patient with a history of tetralogy of Fallot total correction and aortic valve replacement

Fallot tetrolojisi ve aortik kapak replasmanı öyküsü olan hastada sol ventrikül çıkış yolu ve pulmoner arter arasındaki bağlantı

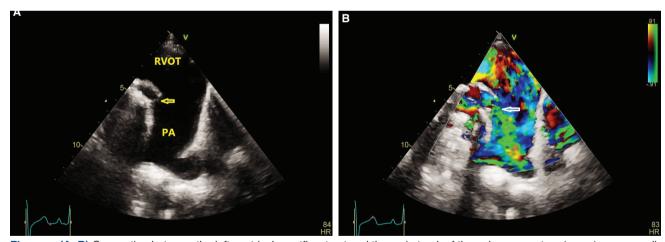
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A 14-year-old adolescent was admitted to the hospital for pulmonary valve replacement. He had a history of tetralogy of Fallot total correction and atrial septal defect closure at 6 years old and aortic valve replacement with bileaflet mechanical aortic valve replacement due to aortic regurgitation at 8 years of age in another center. Preoperative transthoracic echocardiography showed preserved left ventricular systolic function (ejection fraction: 50%), severe right ventricular enlargement with moderate systolic dysfunction, a mechanical aortic valve prosthesis with normal leaflet motion and mild paravalvular leakage, and remnants of the pulmonary valve with severe pulmonary regurgitation. Furthermore, there was a connection between the left ventricular outflow tract (4 mm) and the medial side of the main trunk of the pulmonary artery with a turbulent systolic flow observed on color Doppler study with a peak pressure gradient of 110 mmHg. This finding was confirmed in the operating room, and the defect was repaired. Moreover, the

pulmonary valve was replaced with a mechanical bileaflet prosthesis. A connection between the left ventricular outflow tract and the pulmonary artery as a complication of tetralogy of Fallot total correction or aortic valve replacement is uncommon; however, it should be kept in mind at the time of echocardiographic evaluation of these patients.





Figures- (A, B) Connection between the left ventricular outflow tract and the main trunk of the pulmonary artery (arrow) as a complication that appeared as a turbulent flow on a color flow Doppler study.

PA: Pulmonary artery; RVOT: Right ventricular outflow tract.

^{*}Supplementary video files associated with this presentation can be found in the online version of the journal.