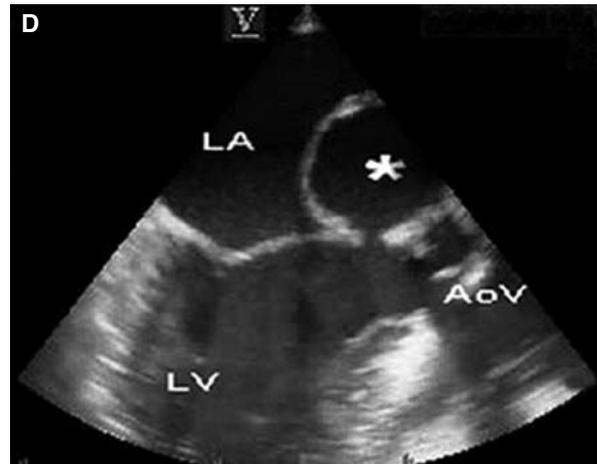
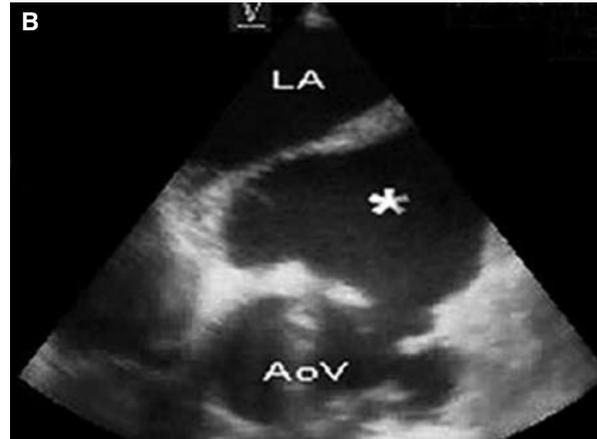


Görüntülü olgu örnekleri

Case images

Pseudoaneurysm of the mitral-aortic intervalvular fibrosa after aortic valve replacement

Aort kapak replasmanı sonrası gelişen mitral-aortik fibröz doku psödoanevrizması



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A 37-year-old woman with rheumatic heart disease developed infective endocarditis. She underwent surgery for severe aortic regurgitation and mobile vegetations on the interventricular septum near the left ventricular outflow tract (Fig. A). The aortic valve was replaced with a mechanical valve. No periannular complication was identified at the time of surgery. Postoperative

echocardiography showed no relevant abnormalities. Eight months later, a systolic murmur was detected

on the right side of the sternum during routine cardiac evaluation. Transthoracic and transesophageal echocardiography showed a large pseudoaneurysm in the mitral-aortic intervalvular fibrosa causing diastolic collapse and prominent expansion with each systole. A turbulent flow was demonstrated in the pseudoaneurysm lumen (Fig. B, C). A redo operation was recommended, but the patient refused the procedure. During a follow-up period of three years, the patient remained asymptomatic and the pseudoaneurysm remained stable in size (Fig. D).

Figures. (A) Large vegetation (arrow) attached to the interventricular septum in transesophageal long-axis view. (B) Transesophageal short-axis view showing mechanical aortic valve and pseudoaneurysm of the mitral-aortic intervalvular fibrosa (asterisk). (C) In the same position, color flow Doppler demonstrating systolic flow into the pseudoaneurysm (asterisk). (D) Transesophageal long-axis view showing the pseudoaneurysm (asterisk) after three years, remaining stable in size without complications. AoV: Aortic valve; LA: Left atrium; LV: Left ventricle.