CASE IMAGE

Huge aortic root aneurysm as cause of recent-onset dyspnea

Yakın zamanda başlayan dispnenin nedeni olarak büyük aort kökü anevrizması

A 75-year-old

female patient

with a history

of only arterial

hypertension

was referred to

the cardiology

department af-

ter presenting

with progres-

upon medium

effort, which

had developed

during the pre-

vious month.

sive

A

dyspnea

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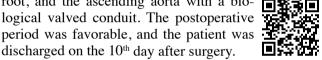
José María González-Santos¹

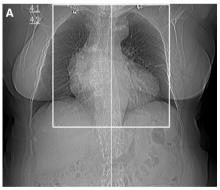
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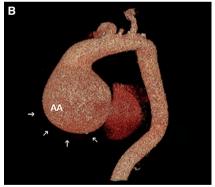
physical examination revealed the presence of a diastolic murmur in the aortic focus. The results of an electrocardiogram were normal and indicated a sinus rhythm. Chest radiography showed evident mediastinal widening (Fig. A). An echocardiogram was performed and severe aortic insufficiency with associated aortic root

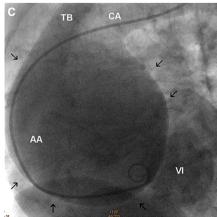
dilation was seen. A computed tomography (CT) angiogram scan was performed to assess aortic dilation, as well as coronary angiography, given the likely need for cardiac surgery due to the severity of the aortic insufficiency. The angio-CT showed a large dilation of the aortic root with extension to the ascending aorta (Fig. B). The coronary angiography revealed coronary arteries without significant lesions. The aortography indicated the presence of severe aortic insufficiency with an important retrograde aortic flow to the left ventricle, which had collapsed due to the presence of a giant aortic root aneurysm with a curious morphology. The brachycephalic trunk and aortic arch had a normal diameter (Fig. C, Video*). Given the extreme dimensions of the aortic aneurysm, a decision was made to perform cardiac surgery (Fig. D). A Bentall-De Bono operation was performed through a middle sternotomy under extracorporeal circulation and total aortic clamping to replace the aortic valve, the aortic root, and the ascending aorta with a bio-

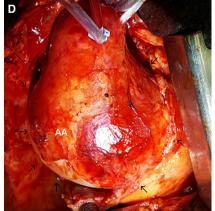
discharged on the 10th day after surgery.











Figures- (A) Chest radiography image indicating mediastinal widening; (B) Computed tomography angiogram scan showing large dilation of the aortic root with extension to the ascending aorta (AA); (C) Aortography image revealing severe aortic insufficiency with retrograde aortic flow to the collapsed left ventricle (VI) and the giant aortic root aneurysm. The brachycephalic trunk (TB) and aortic arch (CA) had a normal diameter; (D) Image from cardiac surgery illustrating the extreme dimensions of the aortic aneurysm. *Supplementary video files associated with this presentation can be found in the online version of the journal.