

Left Ventricular Pseudoaneurysm Secondary to Mitral Valve Endocarditis

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A follow-up transesophageal echocardiography (TEE) was performed on a 76-year-old woman with a recent history of mitral valve endocarditis after 4 weeks of antibiotic treatment. TEE showed a pulsatile perivalvular echo-free space of 32 × 23 mm with a narrow orifice which communicated to the left ventricle at the posterior mitral subannular position consistent with the pseudoaneurysm (Panel A). The real-time three-dimensional TEE allowed us to see its relationship with the neighboring structures (Panels B and C). Subsequently, a coronary CT angiogram confirmed these findings and revealed no significant coronary stenosis (Panels D and E). Therefore, surgery was indicated and a bovine pericardium patch was implanted with good results.

Keywords

Ventricular Dysfunction, Left / complications; Heart Failure; Heart Valve Diseases; Endocarditis, Bacterial; Echocardiography, Transesophageal; Tomography, X-Ray Computed.

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Author contributions

Conception and design of the research: Bochard-Villanueva B. Acquisition of data: Bochard-Villanueva B, Estornell-Erill J. Analysis and interpretation of the data: Bochard-Villanueva B, Estornell-Erill J. Writing of the manuscript: Bochard-Villanueva B.

Potential Conflict of Interest

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Study Association

This study is not associated with any thesis or dissertation work.

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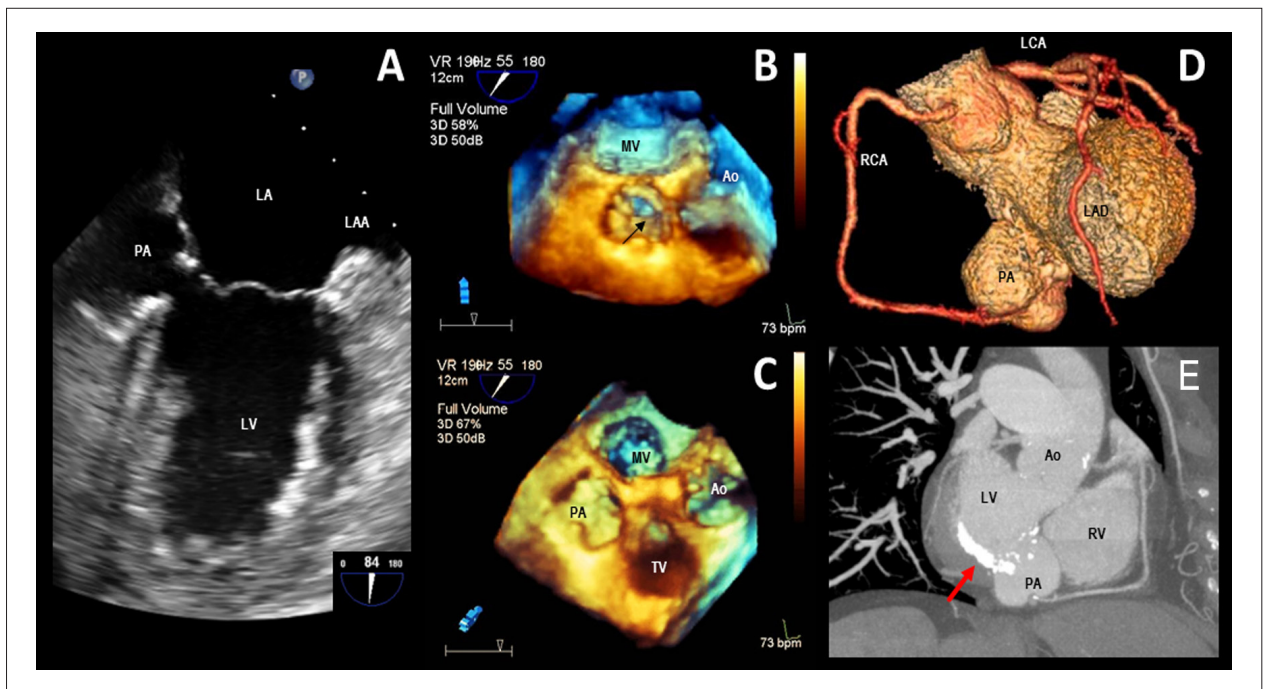


Figure 1 – A. Transesophageal echocardiography (TEE) showing a pulsatile perivalvular echo-free space of 32 × 23 mm corresponding with a basal inferior pseudoaneurysm (PA). B, C. Real-time 3D TEE showing PA and its relationship with adjacent structures. D. A 3D volume-rendered cardiac CT angiogram showing PA and coronary arteries. E. Maximum intensity pixel projection reconstruction using a short axis view at the level of the mitral valve showing PA. Note the severe mitral annular calcification (arrow).