

Mitral Valve Aneurysm Secondary to Probable Infective Endocarditis

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We report the case of a 54-year-old male with a history of chest trauma in 2011, complicated by bacteremia caused by methicillin-sensitive *Staphylococcus aureus* (MSSA). In 2012, the patient was diagnosed with spondylodiscitis, and in 2013, he was referred to cardiology for dyspnea. Transthoracic echocardiography (TTE) showed an aneurysm of the posterior

leaflet of the mitral valve. Transesophageal echocardiography (TEE) confirmed the presence of the aneurysm, which caused severe valvular insufficiency.

Although infective endocarditis was never confirmed, after reviewing his medical records, the authors concluded that this condition was probably associated with mitral valve aneurysm.

Keywords

Thoracic Injuries; Heart Valve Diseases; Mitral Valve/physiopathology; Endocarditis.

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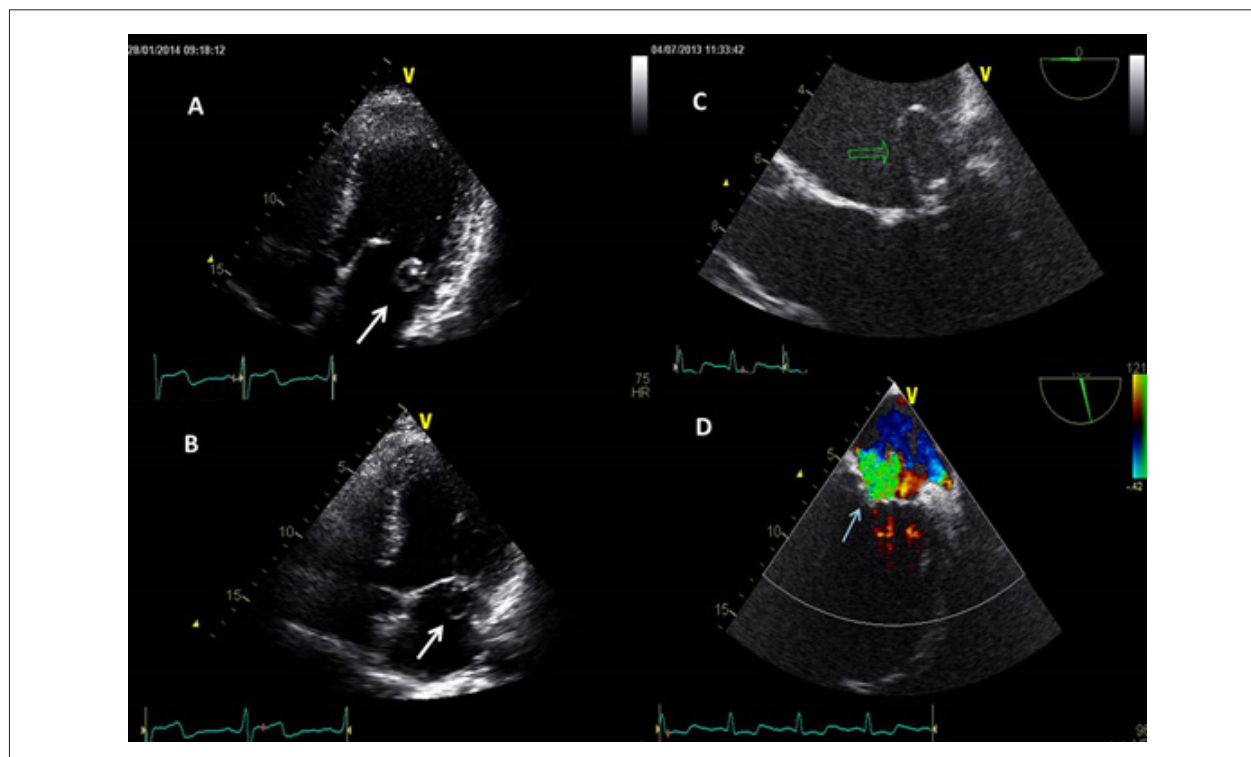


Figure 1 – Transthoracic echocardiography (TTE): apical 4-chamber view – image of the calcified nodule on the posterior leaflet (P1–P2 transition), under which lies an aneurysm of the mitral valve in diastole (A) and systole (B) – white arrow. C. Transesophageal echocardiography (TEE): mid-esophageal 5-chamber view (0°) – image of saccular aneurysm on the posterior leaflet of the mitral valve (green arrow). D. TEE: mid-esophageal 2-chamber view: severe mitral regurgitation identified by color Doppler – blue arrow.