

인공 대동맥 판막 심내막염에서 발생한 판막간 섬유조직의 이중 누공을 형성한 가성 동맥류 1례

원태경¹ · 김인원¹ · 김정경¹ · 임달수¹ · 김옥성² · 홍석근¹ · 황흥곤¹

Mitral-aortic Intervalvular Fibrosa Pseudoaneurysm with Dual Fistula that Occurred in Prosthetic Aortic Valve Endocarditis

Tae Kyoung Won, MD¹, In Won Kim, MD¹, Jung Kyeong Kim, MD¹, Dal Soo Lim, MD¹, Wook Seong Kim, MD², Suk geun Hong, MD¹ and Hweung Kon Hwang, MD¹

¹Department of Internal Medicine, ²Thoracic and Cardiovascular Surgery, Sejong Hospital, Puchun, Korea

ABSTRACT

The involvement of subaortic structures in the aortic valve endocarditis appears more commonly than previously recognized. These subaortic complications are most commonly located in the mitral-aortic intervalvular fibrosa and may be presented as abscess, or as pseudoaneurysm with or without perforation. Perforated pseudoaneurysm can lead to the development of communication between the left ventricular outflow tract and various cardiac chambers, most commonly the left atrium. These complications are related with poor prognosis. Early and precise recognition of these complications is important for optimal treatment. At present, transesophageal echocardiography (TEE) has been validated as the technique of choice. We describe a case of infectious pseudoaneurysm of mitral-aortic intervalvular fibrosa featuring the connection of the fistulous simultaneously to the left atrium and aorta. In our case, accurate interpretation of TEE imaging revealing the subaortic structures was not so easy due to interference of both aortic and mitral prosthetic valves. We expect the further development of (Ed-confirming that here you don't intend, "We expect to further develop") TEE and other imaging modalities to substantially improve the future diagnosis of these undesirable complications. (Korean Circulation J 2001;31(7):701-706)

KEY WORDS : Aortic valve endocarditis · Mitral-aortic intervalvular fibrosa · Perforated pseudoaneurysm · TEE.

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E-mail : youthy@orgio.net

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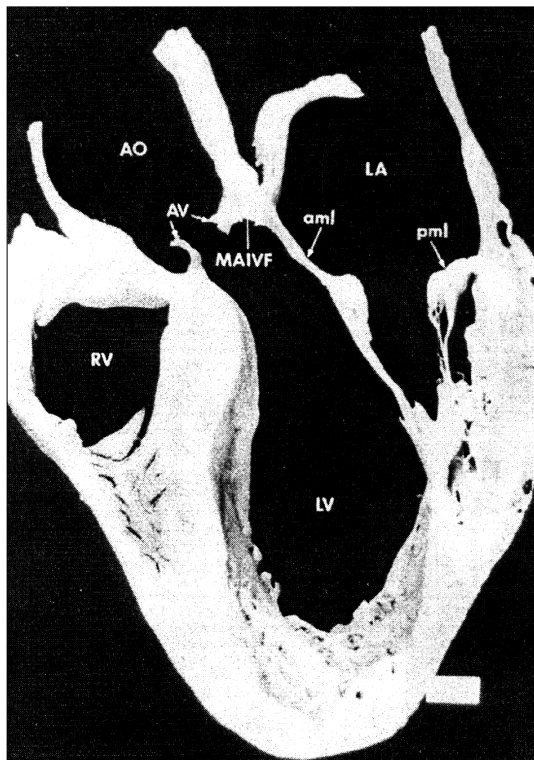


Fig. 1. This figure shows the relations of the aortic valve (AV), annulus, and root (AO) to the subaortic structures, which include the mitral-aortic intervalvular fibrosa (MAIVF), anterior mitral leaflet (aml), chordae tendineae, and the left atrium (LA).

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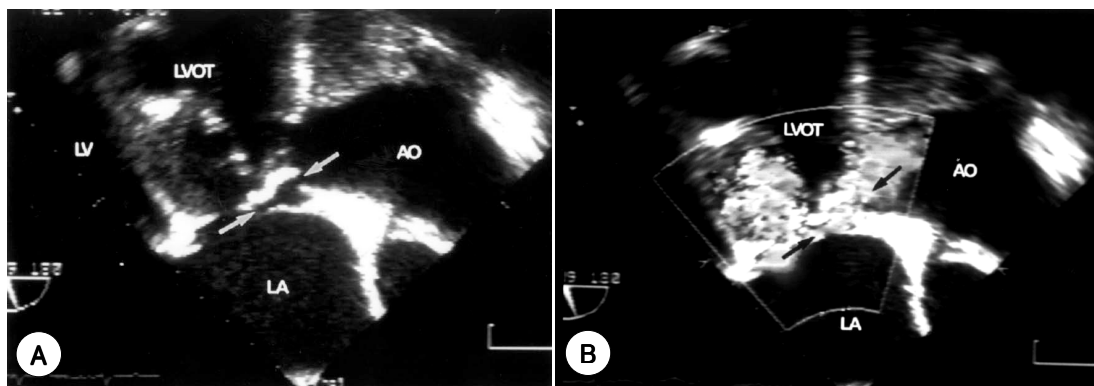


Fig. 2. A : Transesophageal oblique four chamber view shows perivalvular cavitory lesion with fistulous connection to the aorta and left atrium. B : Transesophageal color doppler imaging reveals systolic turbulent flow through this cavitory lesion and demonstrates eccentric extension of flow jet to the left atrium.

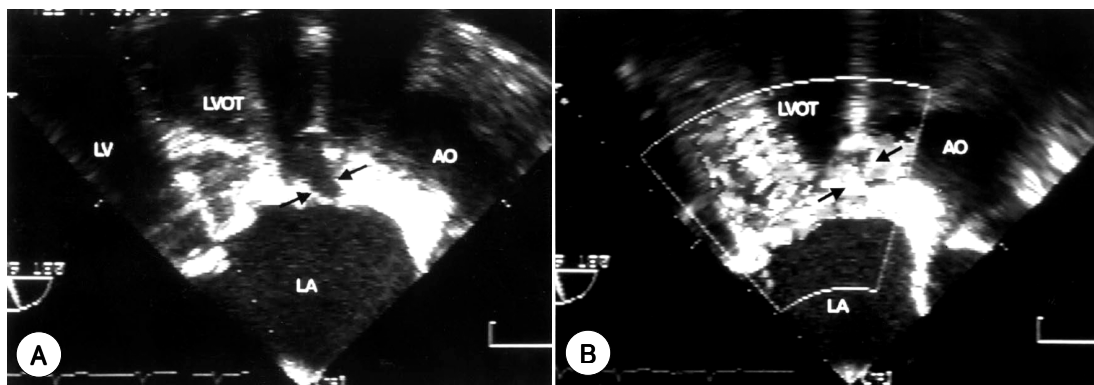


Fig. 3. A : This transesophageal view shows cavitory defect in the MAIVF with fistulous connection to the aorta. B : This view demonstrates mosaic flow through the cavitory defect of MAIVF and this flow jet extends systolically to the left atrial side but definite flow communication could not documented.

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