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Case Report

An unusual cause for unruptured sinus of valsalva aneurysm



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ARTICLE INFO

Article history:

Received 8 October 2012

Accepted 20 June 2013

Available online 25 July 2013

Keywords:

Sinus of valsalva

Inflammatory aortitis

Aneurysm

ABSTRACT

Sinus of valsalva aneurysm is considered to be one of the rarest complications of inflammatory aortitis. Herewith, we are reporting a young male patient who presented to us with severe aortic regurgitation. On evaluation, he was found to have unruptured sinus of valsalva aneurysm. CT angiography and magnetic resonance imaging have shown value in the diagnosis of sinus of valsalva aneurysm.

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A 20-year-old male patient presented with complaints of breathlessness and palpitation of 3 months duration. Echocardiography showed severe aortic regurgitation and

unruptured sinus of valsalva aneurysm (Figs. 1–3). Mantoux test showed an induration of 19 mm. His ESR was 105mm in first hour and CRP was 96.4 mg/L. Multiple blood cultures were

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<http://dx.doi.org/10.1016/j.ihj.2013.06.021>

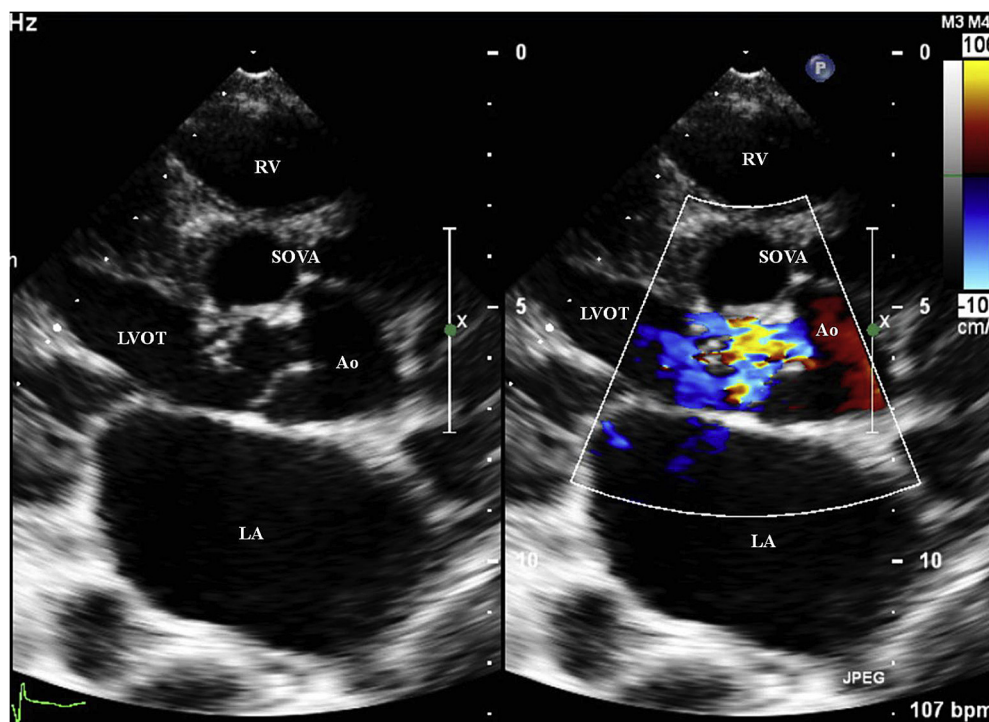


Fig. 1 – Transthoracic echocardiography unruptured sinus of valsalva aneurysm and aortic regurgitation. LA – left atrium, LVOT – left ventricular outflow tract, RV – right ventricle, Ao – aorta, SOVA – sinus of valsalva aneurysm.

negative. Sputum sample was negative for tubercle bacilli. CT angiography confirmed the diagnosis of inflammatory aortitis (Figs. 4–7). Sinus of valsalva showed unruptured aneurysm of left sinus of size 46 × 25 mm and mild dilatation of right sinus (23 × 25 mm). Both coronary arteries were arising above the

aneurysm. Patient also had partially thrombosed juxta renal aortic aneurysm (50 × 26 mm) and partially thrombosed pseudoaneurysm of splenic artery (27 × 19 mm). Right renal artery showed tight stenosis. He was started on steroid along with anti-tubercular medication and advised urgent surgery.

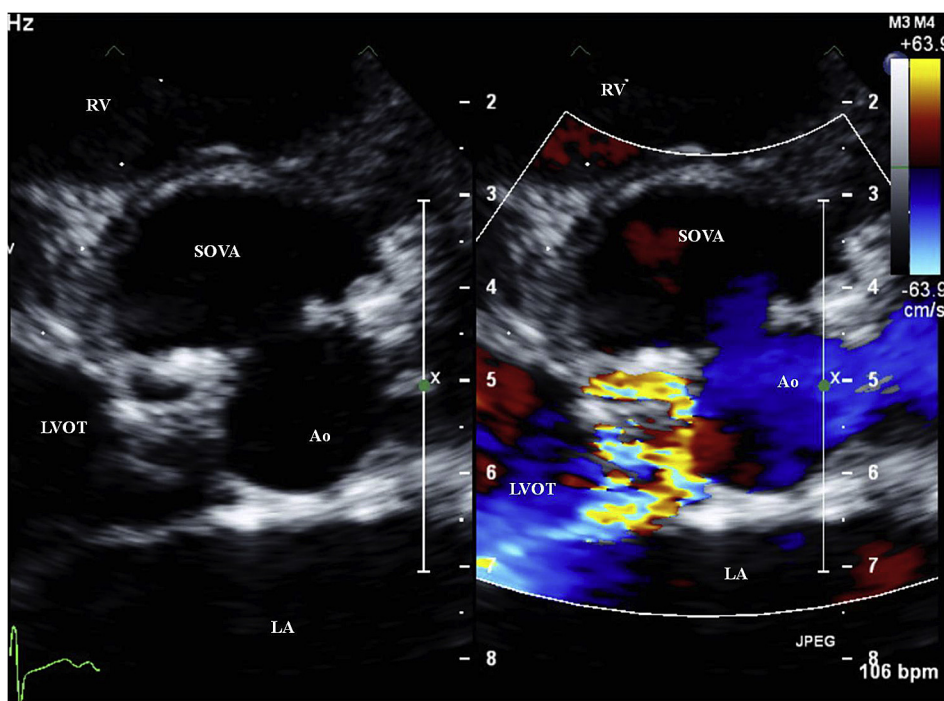


Fig. 2 – Transthoracic echocardiography in parasternal short axis view showing the site of communication of aneurysm with the aortic sinus. LA – Left atrium, LVOT – Left ventricular outflow tract, RV – Right ventricle, Ao – Aorta, SOVA – Sinus of valsalva aneurysm.

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