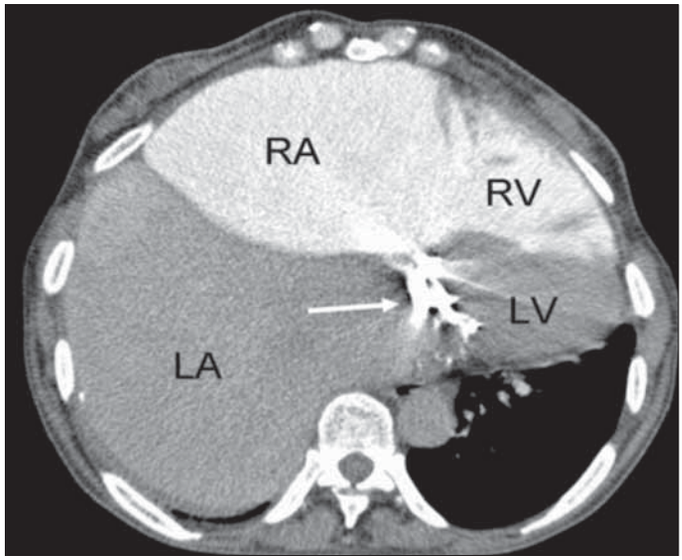

Figure 2. Axial contrast-enhanced CT image shows extreme biatrial dilatation with right ventricular dilatation. Right hemithorax is filled with dilated atrial chambers. Right lung is atelectatic. Prosthetic mitral valve is also seen (arrow)

CT - computed tomography, LA - left atrium, LV - left ventricle, RA - right atrium, RV - right ventricle

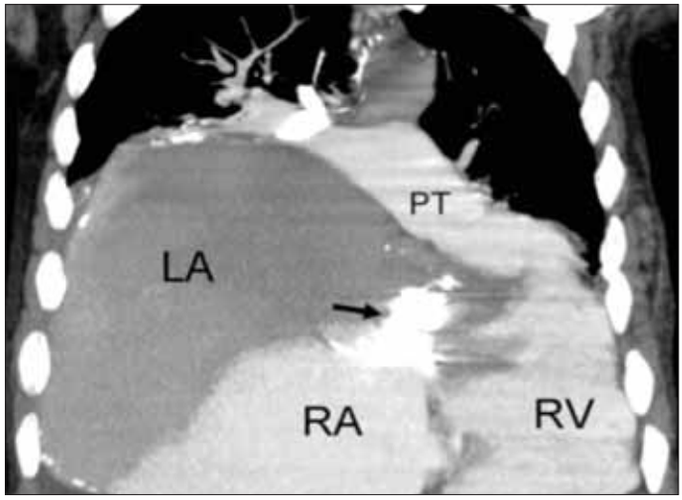

Figure 3. Coronal MIP (maximum intensity projection) reformatted CT image demonstrates striking biatrial dilatation with right ventricular enlargement. Right hemithorax is filled with dilated atrial chambers. Pulmonary truncus dilated due to pulmonary hypertension. Mitral valve prosthesis is also seen (arrow)

CT - computed tomography

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Aortic pseudoaneurysm mimicking intraatrial mass

İntraatriyal kitleyi taklit eden aortik psödoanevrizma

A 34-year-old female presented to the emergency department with dyspnea, chest pain and recurrent fever. Her initial vital signs revealed a high fever up to 38.9°C, blood pressure of 100/74 mmHg, heart rate of 107 beats/min, and tachypnea of 28/min. She had history of tooth extraction 30 days ago and advanced tooth abscess after extraction. The transthoracic echocardiography, performed with suspicion of infective endocarditis, revealed an intraatrial mobile mass (vegetation and thrombus) (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com). The transesophageal echocardiography showed mitral-aortic intervalvular abscess having septas and blood flow in it (Fig. 2, 3, Video 2-4. See corresponding video/movie images at www.anakarder.com). We empirically started broad spectrum antibiotics,

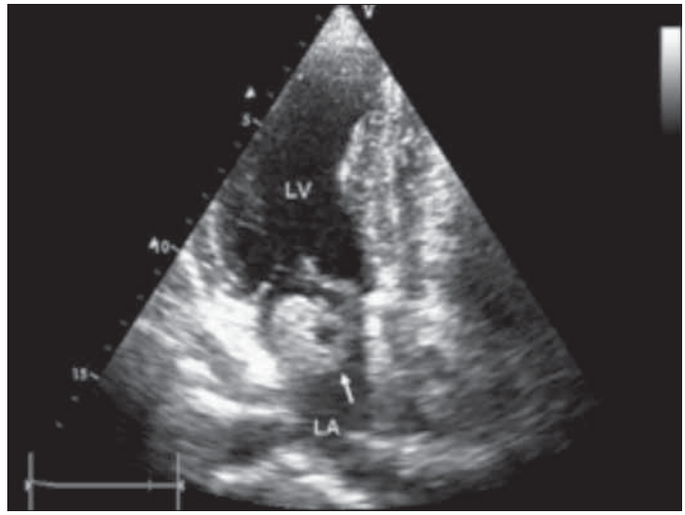

Figure 1. Transthoracic echocardiography view demonstrating an intraatrial mobile mass (arrows)

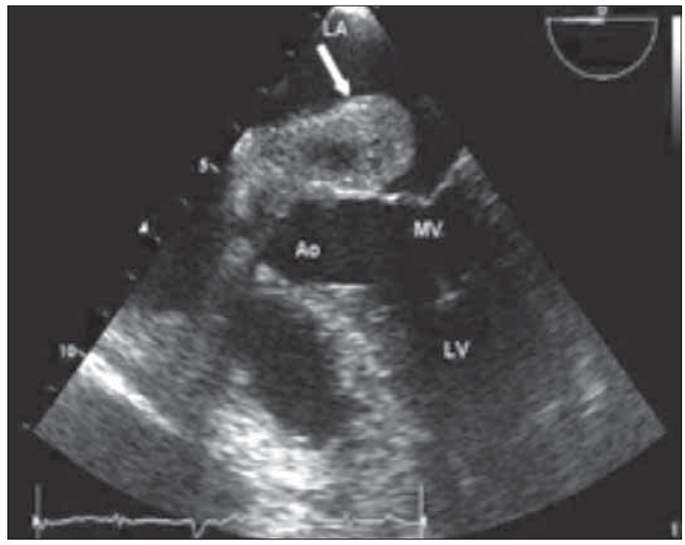

Figure 2. Transesophageal echocardiography view showing mitral-aortic intervalvular abscess (arrows) and blood flow in it

penicillin G in combination with gentamycin. Blood cultures tested positive with Staphylococcus aureus. Because of the uncertain diagnosis, we planned computerized tomography (CT) of the chest. Computerized tomography revealed a pseudoaneurysm of the ascending aorta (Fig. 4). The patient underwent emergency aortic surgery. Although, intensive management and antimicrobial therapy was given, she developed multiple organ failure and died in the postoperative period. The present case demonstrates a mycotic aortic aneurysm, which is a rarely considered but serious complication of bacterial endocarditis. Mycotic aneurysm is an infrequent complication of arterial infection. Infected aortic aneurysm occurs about 0.7%-2.6% of all aortic aneurysms. Awareness and recognition of imaging features associated with infected aneurysms are all important for early diagnosis and institution of adequate therapy. Infected aneurysms are likely to rupture, with reported rupture rates of 53% to 75%. Urgent surgical intervention followed by long-term antibiotic therapy is the preferred treatment approach.

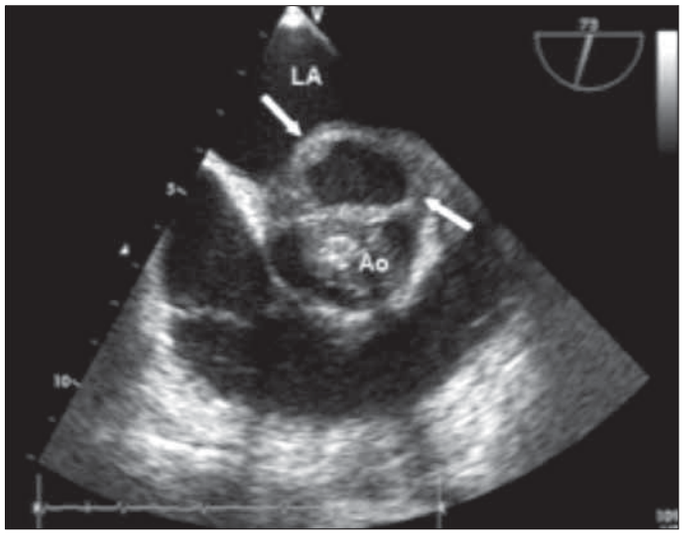

Figure 3. Transesophageal echocardiography view showing mitral-aortic intervalvular abscess (arrows) and blood flow in it

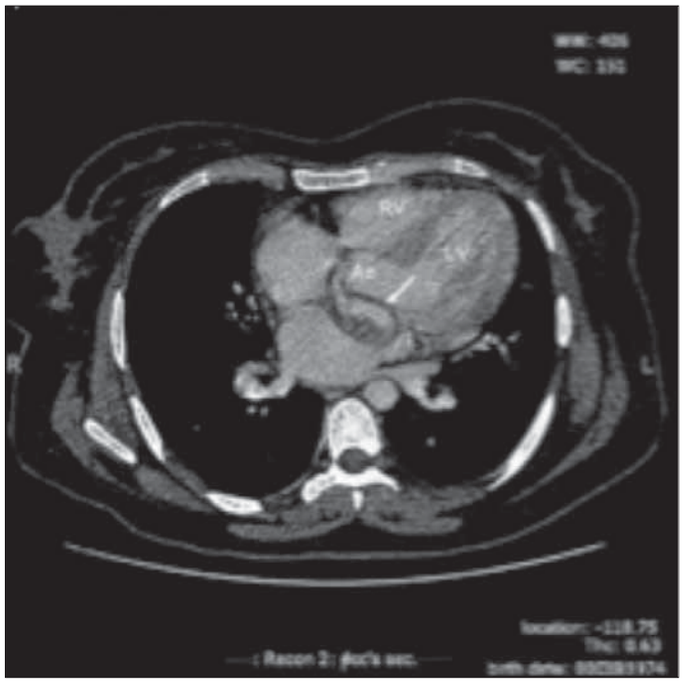

Figure 4. An axial computed tomography image demonstrates a pseudoaneurysm extending from the aorta to the left ventricle measuring 3cm (arrow). A thrombus is surrounding the lesion

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Two giant coronary artery aneurysms accompanying aortic aneurysms

Aort anevrizmalarına eşlik eden iki dev koroner arter anevrizması

A 72-year-old woman was admitted to our institution with the symptoms of back pain and fatigue. Ten years earlier, she had undergone open surgery for abdominal aortic aneurysm. Coronary angiography at that time had demonstrated mild aneurysmal dilation of left anterior descending artery (LAD) (Fig. 1a) and right coronary artery (RCA) (Fig. 1b).

At her examination, thoracoabdominal computed tomography (CT) demonstrated one giant aneurysm of the descending thoracic aorta and fusiform aneurysmal dilation of the abdominal aorta beginning from infrarenal segment through both common iliac arteries (Fig. 2). Furthermore, her CT images revealed two giant coronary artery aneurysms (CAA) at the proximal segments of LAD and RCA with maximum diameters of 6.9 and 6.6 cm, respectively (Fig. 3). Conventional angiography confirmed both of the CAA's (Video 1, 2. See corresponding video/movie images at www.anakarder.com). Since the anatomic loca-

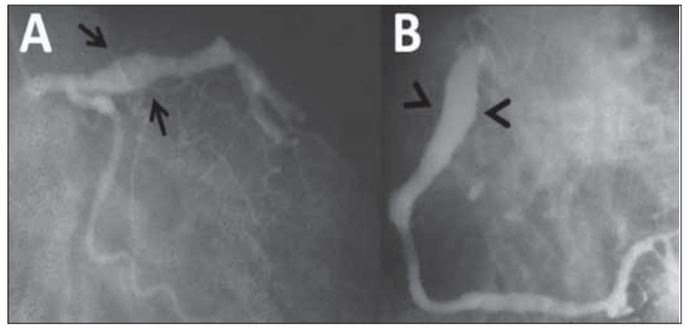

Figure 1. Coronary angiography view of aneurysmal dilatation of the LAD and RCA performed ten years earlier
LAD - left anterior descending artery, RCA - right coronary artery