Video 1, 2. See corresponding video/movie images at www.anakarder.com). Biochemical tests revealed increased brain natriuretic peptide (BNP) level 3880 pg/mL (N: 0-100). So, he was accepted in the dilated phase of HCMP. He was hospitalized due to acute decompensation. Intravenous furosemide and levosimendan infusion were given and he was improved clinically on 5th day of admission. Also BNP level decreased to 318 pg/mL. He has been conducted for transplantation program and discharged with optimal medications.

Video 1, 2. Parasternal long-axis (Video 1) and apical 4-chamber (Video 2) views showing dilated and reduced ejection fraction of the left ventricle

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Huge aortic vegetation embolizing to right iliac artery

Sağ iliyak artere embolize olan büyük aortik vejetasyon

A 55-year-old male patient was admitted to emergency room with pulmonary edema. He had been complaining about progressive shortness of breath and fever within last 10 days. The echocardiography revealed 2.0x2.1 cm in diameter mass attached to right aortic cusp (Fig. 1A, Video 1, 2, Fig. 1B and Video 3. See corresponding video/movie images at www.anakarder.com). See corresponding video/movie images at www.anakarder.com). During follow up for infective endocarditis with medical treatment, peripheral embolization to right iliac artery was occurred (Fig. 2). Aorta-femoro-popliteal arteriography showed a filling defect in the right common iliac artery. After peripheral embolization,

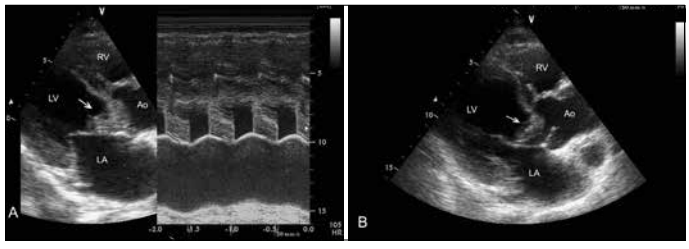

Figure 1. A) Transthoracic echocardiography (TTE): the parasternal long-axis view shows an aortic mass (white arrow) attached to right aortic cusp of the aortic valve. In M-mode echocardiography, this aortic mass fills the aortic orifice. B) Parasternal long-axis view of TTE after embolization, it is seen that the aortic mass (white arrow) has become smaller in size. It is also seen that this aortic mass prevents aortic valve closure
Ao - aorta, LA - left atrium, LV - left ventricle, RV - right ventricle

Figure 2. Aorto-femoro-popliteal arteriography of the same patient revealed a filling defect (black arrow) from the bifurcation of the abdominal aorta to the bifurcation of the right common iliac artery. It is seen that this filling defect causes significant obstruction but still permits passage of blood

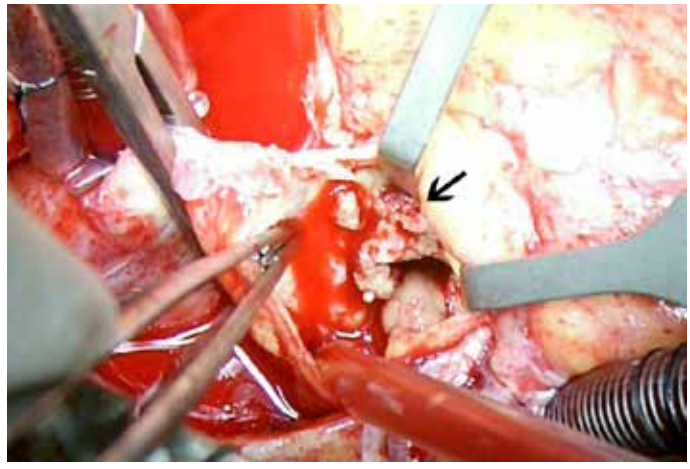

Figure 3. Intraoperative image of the same patient shows the aortic vegetation (black arrow). The patient died during the operation

control transthoracic echocardiography revealed that the aortic vegetation became smaller in size. The patient was referred to cardiovascular surgery for aortic valve replacement. Intraoperatively huge vegetation on the aortic valve was detected (Fig. 3). The patient died during the operation. This case report represents very demonstrative example of how huge aortic vegetation may cause complication.

Video 1. The parasternal long axis view shows an aortic mass attached to the aortic valve
Video 2. The parasternal short axis view reveals a mobile aortic mass on the right coronary cusp which moves with the aortic valve
Video 3. The parasternal long axis view shows that the vegetative mass has become smaller after peripherial embolization

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A rare interventricular mass like view-fibrosis

Karıncıklar arası bölgede kitle görünümü veren nadir bir olgu-fibrozis

A 50-year-old man was diagnosed as acute ST elevation myocardial infarction and was treated with fibrinolytic therapy (streptokinase). After administration of thrombolytic therapy, transthoracic echocardiography showed depressed left ventricular ejection fraction (EF 35-40%), dilated right-sided chamber and interventricular calcified mass like view (3.66x3.52 cm) (Fig. 1, Video 1A, B. See corresponding video/movie images at www.anakarder.com). Coronary angiography demonstrated 90% osteal stenosis of left anterior descending artery, 70% stenosis of left circumflex artery, and 80% stenosis of right coronary artery. The patient

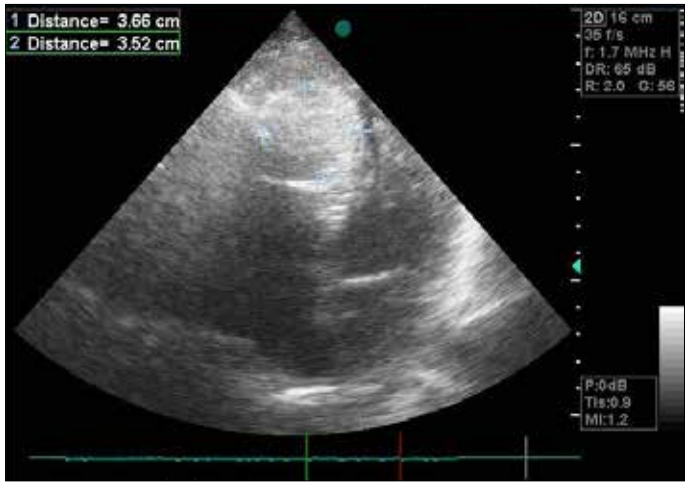

Figure 1. Transthoracic echocardiographic apical four-chamber view of interventricular mass-like formation (3.66x3.52 cm)

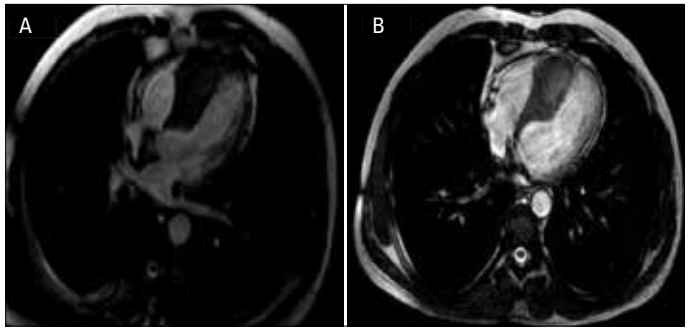

Figure 2A, B. Cardiac magnetic resonance imaging view of interventricular mass-like formation (73x40x58 mm)

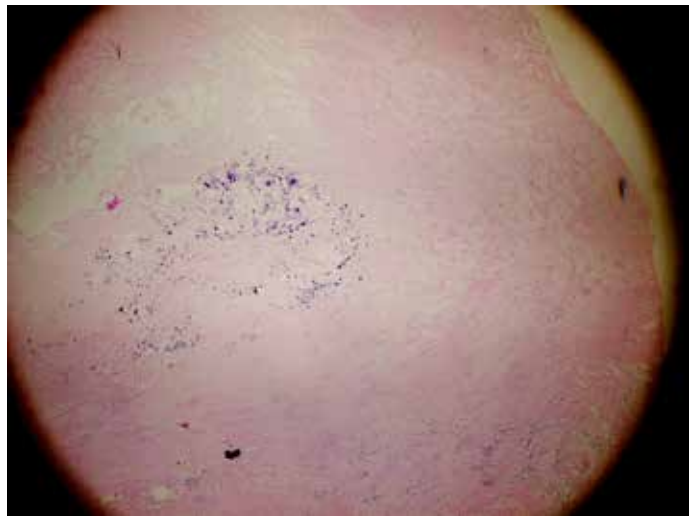

Figure 3. Pathological specimen of fibrosis (macroscopic)

Figure 4. A-C. Pathological specimens of fibrosis (microscopical)