

Cerebral and coronary artery aneurysms in a patient with Behçet's disease

Bir Behçet hastasında serebral ve koroner arter anevrizmaları

Behçet's disease (BD) is a systemic inflammatory disorder with a wide variety of cardiovascular complications. Herein, we present a patient with BD and concomitant cerebral and coronary artery aneurysms.

A 34-years-old man suffered from sudden severe headache followed by unilateral weakness of right extremities. Cerebral magnetic resonance angiography and conventional angiogram demonstrated a small aneurysm on M1 segment of the left middle cerebral artery which was successfully embolized (Fig. 1). Detailed history revealed recurrent oral and genital ulcerations and erythema nodosum. Leucocytosis, elevated serum C reactive protein levels, and positive HLA-B51 were also noted, and the patient was diagnosed with BD.

During follow-up, he was consulted to cardiology due to dyspnea on exertion. Echocardiography revealed mild septal hypokinesia with a left ventricular ejection fraction (LVEF) of 45%. Coronary angiography revealed a small aneurysm originating from proximal left anterior descending artery (Fig. 2, Video 1-2. See corresponding video/movie images at www.anakarder.com). After intravenous pulse and oral methylprednisolone, interferon- α (9 million unit/3 times/week) and pulse cyclophosphamide treatment his symptoms diminished gradually and LVEF improved to 55% on control echocardiography that was performed 3 months later.

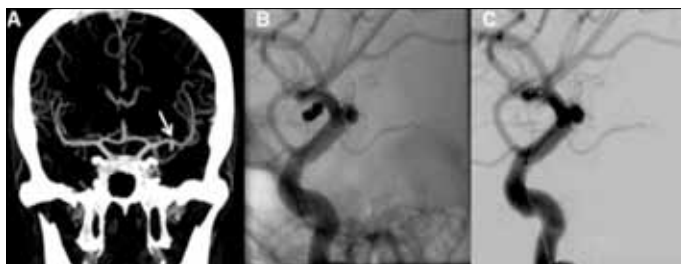


Figure 1. Cerebral MRA (A) and conventional angiogram (B) demonstrating a small aneurysm on M1 segment of the left MCA which was successfully embolized (C)

MCA - middle cerebral artery, MRA - magnetic resonance angiography



Figure 2. CAG views revealing an aneurysm originating from proximal LAD. Right anterior oblique (A, Video 1) and left lateral (B, Video 2) views

CAG - coronary angiography, LAD - left anterior descending artery

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Transcatheter aortic valve implantation: A novel perspective by real-time three-dimensional transesophageal echocardiography

Transkateter aort kapak implantasyonu: Gerçek zamanlı üç boyutlu transözofageal ekokardiyografi ile yeni bir bakış açısı

A 85-year-old female presented with severe aortic stenosis (AS), shortness of breath and syncope with a Class 4 (New York Heart Association) functional capacity. Echocardiography showed severe AS with an aortic valve area (AVA) of 0.86 cm², index AVA of 0.40 cm²/m² and mean trans-aortic gradient of 44 mmHg. Coronary angiography was normal. Patient was considered to be at a high-risk for open cardiac surgery due to her advanced age and co-morbidities [Society of Thoracic Surgeons (STS) score 19.3%], and was offered transfemoral transcatheter aortic valve implantation (TAVI). For pre-procedural assessment of the aortic annulus, two dimensional (2D) and real-time

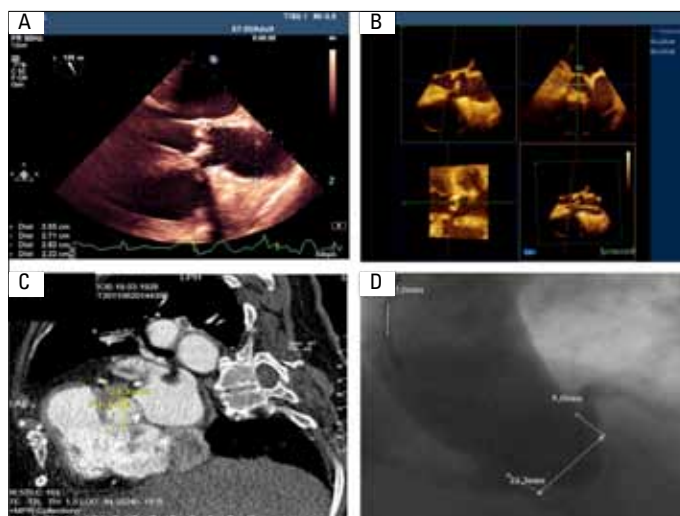


Figure 1. Pre-procedural aortic root geometry assessment by four different imaging techniques; 2D and real-time 3D TEE, CT angiography and aortography. 1A. Aortic root measurements by 2D TEE imaging in apical long axis (1200). Aortic annulus measured as 22.2 mm. 1B. Post-process analysis of volume rendering apical long axis view at 1200 by real-time 3D TEE. Aortic annulus measured as 24.7x25.7mm by using QLab analyzing system 1C. Aortic annulus measurement by CT angiography (24.4x25.8 mm) 1D. Aortic annulus measurement by conventional aortography in LAO position (22.3 mm)

CT - computerized tomography, TEE - transesophageal angiography