

Paravalvüler apse, infektif endokarditin (İE) önemli bir komplikasyonu olup, persistan enfeksiyon, iletim anomalileri, fistül oluşumu, kalp yeter-sizliğinin kötüleşmesi, ölüm ile beraberdir ve aortik kapakta mitral kapağa göre daha sık izlenir. Yeni oluşan iletim defekti ve ateş varsa ayırıcı tanıda İE mutlaka düşünülmelidir. Bu hastalarda günlük EKG takibi hastalığın takibinde oldukça önemlidir. Transözofajiyal ekokardiyografi imkânı olmayan merkezlerde TTE bu komplikasyonun hızlı tanısında oldukça önem kazanmaktadır.

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A case of left ventricular diverticulum diagnosed by left ventriculography

Sol ventrikülografide tespit edilen bir sol ventrikül divertikülü olgusu

A 21-year-old man admitted with dyspnea on exertion (NYHA Class II) and palpitation. On physical examination, 3/6 pansystolic murmur was heard at the apical area. Subsequently performed transthoracic echocardiography revealed severe rheumatic mitral regurgitation with normal left ventricular systolic functions. Since then, the patient underwent coronary angiography and left ventriculography before mitral valve replacement surgery. On left ventriculography, a contractile left ventricular diverticulum arising from the left ventricular posterobasal region was observed (Fig. 1, Video 1. See corresponding video/movie images at www.anakarder.com).

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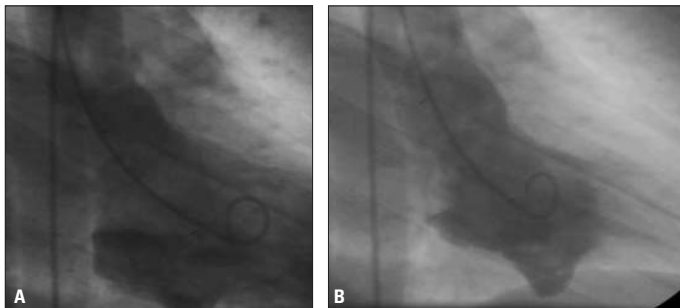


Figure 1. Right anterior oblique left ventriculography view showing a contractile diverticulum arising from posterobasal region at end-diastole (A) and end-systole (B)

A pseudoaneurysm of the saphenous vein graft to the posterior descending coronary artery

Posteriyor desandan koroner artere bağlanan bir safen ven greft psödoanevrizma olgusu

A 75-year-old man was admitted with of exertional angina (NYHA Class-II) and dyspnea. Fifteen years ago he had undergone triple vessel coronary artery bypass surgery. Six months ago, plain old balloon angioplasty (POBA) was performed in the distal segment of the saphenous vein graft (SVG) to the posterior descending coronary artery because of severe diameter stenosis. During coronary angiography we observed that a pseudoaneurysm of the distal segment of SVG (with the dimensions of 15X7 mm) and severe stenosis just before the aneurysmatic segment probably resulting from injury of the earlier POBA (Fig. 1).

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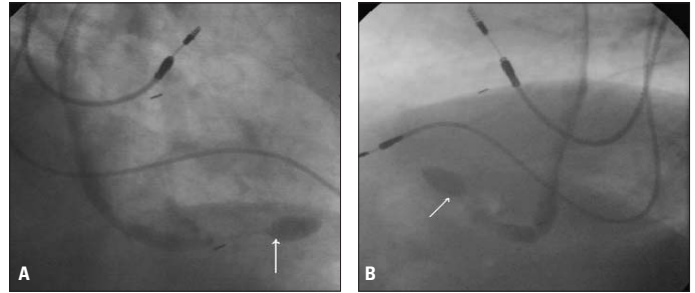


Figure 1. Right anterior oblique (A) and left lateral (B) coronary angiography views demonstrating a pseudoaneurysm of the saphenous vein graft to the posterior descending coronary artery and severe stenosis just before the aneurysmatic segment. Arrow denotes pseudoaneurysm

Successful stent implantation to bilateral renal artery stenosis in a case with diffuse atherosclerotic involvement

Diffüz aterosklerotik tutulum tespit edilen bir olguda bilateral renal arter darlığına başarılı stent implantasyonu

A 75-year-old woman was referred to emergency service with near syncope and chest pain. The patient had uncontrolled systemic arterial hypertension for 15 years. During initial physical examination, pulse rate