A 57-year-old female presented with a dysfunctional aortic valve homograft, 8 years after root replacement for endocarditis. Echocardiography demonstrated grade 3 insufficiency with elevated gradients. Explantation revealed a large thrombus lodged in the right coronary cusp, causing right coronary ostium occlusion and partial left main stem stenosis (Figs. 1 and 2).

**Fig. 1.** Angiography shows large cloud-like masses (white arrows) at the base of the aortic homograft (left), occluding the right coronary ostium. Calcification of the homograft is absent. Injection in the left main stem shows a large inconsistent stenosis (white arrow), suggestive for thrombus (right). The distal coronaries are free from atherosclerotic disease.

**Fig. 2.** Intraoperative transesophageal two-dimensional echocardiogram (left) at long-axis view shows a closed mitral valve, closing of the noncoronary cusp of the aortic homograft (white arrow) and an immobilised right coronary cusp by thrombus (black arrow). Short-axis view of the aortic homograft at basal level (right) reveals a large thrombotic mass (black arrow). The aortic commissures are marked with a black triangle (●). RA, right atrium; LA, left atrium; MV, mitral valve; LVOT, left ventricular outflow tract; RV, right ventricle.