the tricuspid valve and into the right ventricle at the height of its narrowing (Fig. 2a), chronic contact with both the wall of the atrium and the tricuspid valve leaflets might have also contributed to the formation of the mass. In conclusion, implanted intracardiac devices or catheters should be investigated by echocardiography in regular intervals for early detection of appositions and to possibly prevent device malfunction. In the case of thrombotic appositions, for example, a lysis therapy might re-establish device function.

References


ICVTS on-line discussion A

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Comment: This case report by Michel J. Jurmann et al. [1] from the Deutsches Herzzentrum Berlin is an interesting one as it redraws the attention of the reader to an old problem. In their case a solid intracardiac mass was found 8 years after implantation of a Denver shunt. Histological examination after removal under cardioplegia arrest confirmed calcified fibrosis. This type of complication is obviously not frequent but, as any implantable device, the Denver o LeVeen shunts may become complicated. That was our experience years ago but in our case we found massive right heart thrombosis [2]. Other types of dysfunction may also be evident as that was also our own experience years ago [3].

The underlying message in this brief German report is that peritoneovenous shunting may eventually become the source of problems. Just pay attention to this.

References