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**Clinical Vignette**

**Interventricular septal dissecting haematoma**

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A 7-year-old boy was admitted to our institute for surgical closure of a perimembranous ventricular septal defect with a significant left-to-right shunt. After repair of the defect with 1.3 × 1.3 cm pericardial patch, the patient presented a cardiogenic shock. Echocardiography demonstrated an interventricular septal dissecting haematoma and an abnormal ventricular septal motion. A 4 × 3 cm accessory space (arrows) and thrombus (intensive echo signals) in the interventricular septum were found at parasternal long-axis (Panel A) and apical four-chamber (Panel B) views; it was not in communication with either left or right ventricular chambers by colour Doppler echocardiography. During emergency re-operation 6 hours after the first surgery, we found the interventricular septum bulging towards both ventricular chambers. The ventricular septal dissecting haematoma was opened near apical area of the right ventricular trabecular septum with 1 cm ‘T’-shaped incision. About 30 ml blood with thrombus was extracted from the accessory cavity. Although the cause of ventricular septal dissecting haematoma was not found during the procedure, it may be related to surgical trauma of a coronary septal branch. The trabecular septal incision of the right ventricular aspect was not sutured. The electrocardiogram demonstrated a complete right bundle branch block. The patient suffered a paroxysmal ventricular tachycardia and low-output syndrome for 2 weeks, and was not discharged until 1 month after procedure. The patient had no complaint during follow-up, and continued to have abnormal ventricular septal movement with 54% left ventricular ejection fraction. However, he died suddenly at 8 month follow-up. We guessed that the cause of death may be lethal arrhythmias.

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