large extravasated deposits of erythrocytes, while ‘genuine’ MVO is found in the infarct border. Although its clinical significance remains to be established, our results suggest an important role for haemorrhage in the development of myocardial reperfusion injury. We therefore advocate the use of the term ‘microvascular destruction’ or ‘intramyocardial haemorrhage’ for the area with impaired contrast wash-in on LGE images. This implies that future strategies aimed at preserving the vascular integrity may improve the outcome in revascularized STEMI patients by reducing myocardial haemorrhage.

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The list of references is available in the online version of this paper.

CARDIOVASCULAR FLASHLIGHT

Asymptomatic struts fracture and multiple embolization as a late complication of ALN removable vena cava filter implantation

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A 74-year-old woman underwent abdominal computed tomography (CT) because of abdominal pain. She had a history of ALN (ALN Implants Chirurgicaux, Ghisonaccia, France) inferior vena cava (IVC) filter implantation 10 years before because of recurrent pulmonary embolism due to venous thrombosis of lower limbs. The IVC venography disclosed correct filter positioning with full or partial fracture of four of six short legs that ensure the adherence to the IVC wall (Panel A). One of the fractured strut was yet in place although rotated upward by 180°. Inferior vena cava venography suggests the upper abdomen/lower thorax as the potential area of struts embolization (Panel A; see Supplementary material online, Video Panel SA). Computed tomography ECG-triggered ultimately identified the embolized struts in the right inferior pulmonary lobe (Panel B), the left hepatic lobe (Panel C), the epicardial fat close to the right ventricle apex (Panels D and E) and the right side of interventricular septum (Panel F; see Supplementary material online, Video Panel SF), respectively. Percutaneous removal of the fractured filter was refused by the patient. The 6-month follow-up was uneventful. Retrievable or permanent IVC filter is an established tool to prevent pulmonary embolism in specific clinical situations. Although this long-term complication rate of permanent IVC filters has been described in 2–10% for permanent filters, no case of rupture with multiple embolization of a retrievable filter has been described before. A long-term surveillance programme with abdominal X-ray in asymptomatic patients with permanent IVC may be recommended.

Supplementary material is available at European Heart Journal online.