Left ventricular septal perforation after apico-aortic conduit

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A 78-year-old man was admitted with aggravated dyspnoea upon exertion and chest pain. He had a surgical history of apico-aortic conduit because of severe aortic valve stenosis 4 months earlier. Enhanced computed tomography showing ventricular septal perforation at apex (Fig. 1) and the conduit attached to the fifth intercostal space (Fig. 2).

Figure 1: Enhanced computed tomography showing ventricular septal perforation at apex. Arrows point to the perforation. LV: left ventricle; RV: right ventricle.

Figure 2: Enhanced computed tomography showing the conduit attached to the fifth intercostal space. One of the possible reasons could be that the anastomosis of conduit could have been torn following attachment of the valved conduit into the intercostal space. Arrow head points to the attachment site.