Mitral annulus and left atrium wall abscess fistulized to the left ventricle

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An 86-year-old woman with a previous bioprosthetic aortic valve replacement was admitted to our hospital with fever and general deterioration. Blood cultures grew Staphylococcus aureus. A transthoracic echocardiogram showed gross mitral annulus calcification, a vegetation on the auricular side of the posterior mitral leaflet and moderate mitral regurgitation. The aortic bioprosthesis had previously known mild paravalvular leak and new transvalvular moderate aortic regurgitation. A hypoechoic cavity in the posterior mitral annulus and posterior wall of the left atrium was revealed, suggestive of an abscess (Panel A, arrow). A three-dimensional transesophageal echocardiogram confirmed the presence of a mitral annular abscess, with systolic expansion towards the left atrium wall and nearly total diastolic collapse, fistulizing to the left ventricle through an orifice in the mitral annulus (Panel B–D, orifice = arrows; see Supplementary data online, Videos 1, 2, 3, and 4). Three-dimensional images were essential to correctly diagnose the patient and to assess the anatomical relationship of the abscess.

The patient declined surgical treatment and was therefore managed medically. Ten months after being discharged, she remains asymptomatic.

AV, aortic valve; LA, left atrium; LV, left ventricle; *, abscess.

Supplementary data
Supplementary data are available at European Journal of Echocardiography online.

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