A 17-year-old boy was referred to our hospital due to respiratory distress and hypotension. He had severe burn six months before with subsequent hospitalization and received prolonged intravenous antibiotics. He was afibrile and had overt signs of right sided failure. Transthoracic echocardiography showed (Panels A and B; and Supplementary data online, Movie S1) bulky echogenic masses, nearly obliterating the RV inflow cavity and extending into the outflow region. The masses and the valve were integrated as a part and had attachments to the RV-free wall. Narrowed flow was detected entering the right ventricle sideling the mass. There was severe stenosis at the level of the tricuspid inflow with only mild tricuspid regurgitation. Estimated mean pulmonary pressure was 15 mmHg. Doppler venous venous ultrasound was done and thrombosis was not found in the deep veins of the extremities. The patient underwent emergent surgery. The fungal masses, involving the subvalvular apparatus, were exposed after resection of destructed tricuspid leaflets. We encountered two large, cream coloured and soft textured masses (the largest diameter: 5 cm). They had adhesions to the cardiac muscle which forced us to shave some parts of cardiac muscle for the removal of the mass and the valve. We placed a biologic tricuspid valve, and the operation was ended. Histopathological examination showed (Panel D) small foci of necrosis, numerous pseudohyphae and budding yeasts compatible with candida species. Unfortunately, the patient died a few hours after surgery in a scenario resembling a septic shock.

Supplementary data are available at European Heart Journal – Cardiovascular Imaging online.

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