


Patch abscess after a closure of an atrial septal defect

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Surgical atrial septal defect closure with a patch is one of the simplest interventions in cardiac surgery. However, patch infection could be a serious complication. A 34-year-old man was referred to our service 7 years after surgical closure with a Dacron patch of an ostium primum septal defect and mitral cleft closure. Surgery was performed in another centre. He had antecedents of septicemia with Serratia 2 years before presentation and at the moment he was treated with antibiotics from 3 weeks for sepsis. Echocardiography found a large and inhomogeneous left atrial tumoural mass attached to the atrial patch (Figures a and b), in contact with the anterior mitral valve, which partially obstructed the mitral valve (Figures c and d). The mass and the patch were resected and a bovine pericardial patch was used to close the defect. Mitral ring annuloplasty for mitral moderate regurgitation complete the intervention. Anatomical pathological examination confirms the diagnosis of abscess. Left atrial masses detected by echocardiography are usually tumoral. In our case the liquid content, the inhomogeneity and the antecedents of surgery with prosthesis patch and septicemia were suggestive for an infectious complication. We routinely use autologous pericardial patches for atrial septal defect closure to avoid secondary sepsis on the prosthetic material. In the Figure (e), we can see the abscess attached to the atrial patch. The abscess is in contact with the anterior mitral valve. In perioperative Figure (f), we can see the atrial patch resected and the abscess which is open.

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