An isolated left ventricular septal aneurysm in Behçet’s disease

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Endomyocardial involvement in Behçet’s disease is rare, but it causes serious problem including severe aortic regurgitation, perivalvular aneurysm, and recurrent prosthetic valve failure. Aortic or mitral valvulitis is the prototype disease. Characteristic ‘bubbling’ lesion appearance is considered to be diagnostic. A 25-year-old man with a history of recurrent oral ulcer presented with sinus bradycardia in a pre-employment medical examination. He was asymptomatic and normal in the physical examination. Echocardiography revealed a cystic aneurysmal mass in left ventricular outflow tract (Panel A and B, see Supplementary data online, S1 and S2). Real-time three-dimensional echocardiography revealed the aneurysmal lesion originating from the interventricular septum and anterior leaflet of mitral valve (Panel C–E, see Supplementary data online, S3). Otherwise, the mitral and aortic valves were normal. Isolated interventricular septal aneurysm should be considered in terms of potential clinical implication as another important subset of cardiac Behçet’s disease.

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

Panel A and B. ‘Bubbling’ aneurysmal mass (arrow) in LVOT. Panel (C–E) Aneurysmal lesion (arrow) originating from the interventricular septum and anterior leaflet of the MV on real-time three-dimensional echocardiography. AV, aortic valve; IVS, interventricular septum; LA, left atrium; LV, left ventricle; MV, mitral valve; LVOT, left ventricular outflow tract.