



## Pseudoaneurysm of aortocoronary graft secondary to spontaneous late rupture

E Flecher, S Wilson and C M G Duran

*Heart* 2006;92;1495-  
doi:10.1136/hrt.2005.084012

---

Updated information and services can be found at:  
<http://heart.bmjournals.com/cgi/content/full/92/10/1495>

---

*These include:*

### Rapid responses

You can respond to this article at:  
<http://heart.bmjournals.com/cgi/eletter-submit/92/10/1495>

### Email alerting service

Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

---

### Topic collections

Articles on similar topics can be found in the following collections

[Other Cardiovascular Medicine](#) (2024 articles)

---

### Notes

---

To order reprints of this article go to:  
<http://www.bmjournals.com/cgi/reprintform>

To subscribe to *Heart* go to:  
<http://www.bmjournals.com/subscriptions/>

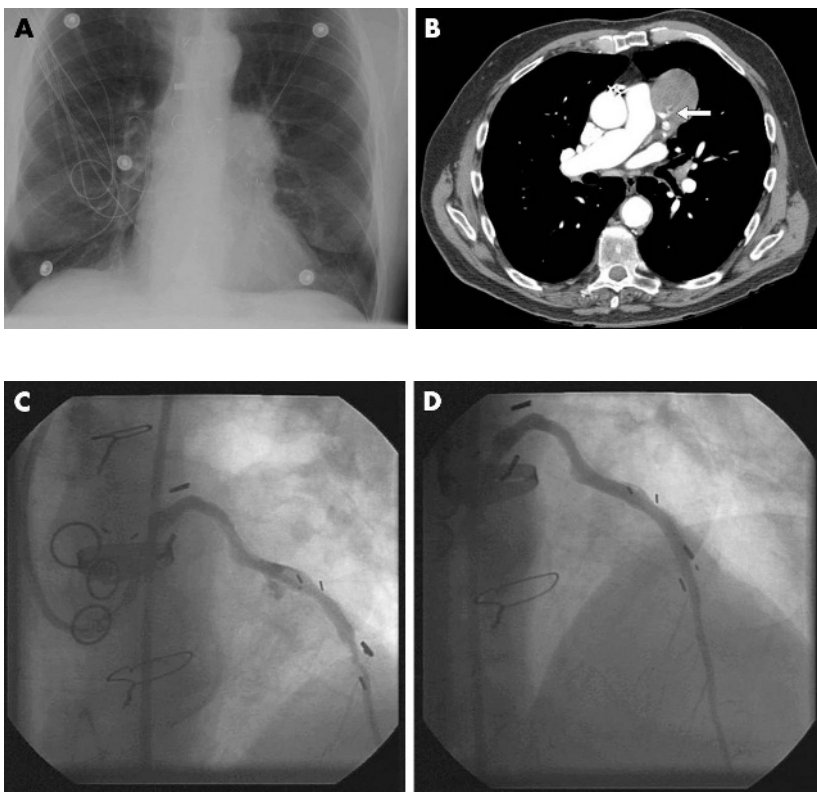
- 12 Geva T, Frand M. Infective endocarditis in children with congenital heart disease: the changing spectrum 1965–85. *Eur Heart J* 1988;**9**:1244–9.
- 13 Awadallah SM, Kavey REW, Byrum CJ, *et al*. The changing spectrum of infective endocarditis in childhood. *Am J Cardiol* 1991;**68**:90–4.
- 14 Morris CD, Reller MD, Menashe VD. Thirty-year incidence of infective endocarditis after surgery for congenital heart defect. *JAMA* 1998;**179**:599–603.
- 15 Karl T, Wensley D, Stark J, *et al*. Infective endocarditis in children with congenital heart disease: comparison of selected features in patients with surgical correction or palliation and those without. *Br Heart J* 1987;**58**:57–65.
- 16 Michel PL, Acar J. Native cardiac disease predisposing to infective endocarditis. *Eur Heart J* 1995;**16**:2–6.
- 17 Yener N, Oktar GL, Erer D, *et al*. Bicuspid aortic valve. *Ann Thorac Cardiovasc Surg* 2002;**8**:264–7.
- 18 Raymond J, Aujard Y, the European Study Group. Nosocomial infections in pediatric patients: a European, multicenter prospective study. *Infect Control Hosp Epidemiol* 2000;**21**:260–3.
- 19 Al-Karaawi ZM, Lucas VS, Gelbier M, *et al*. Dental procedures in children with severe congenital heart disease: a theoretical analysis of prophylaxis and non-prophylaxis procedures. *Heart* 2001;**85**:65–8.
- 20 Roberts GJ. Dentists are innocent! "Everyday" bacteremia is the real culprit: a review and assessment of the evidence that dental surgical procedures are a principal cause of bacterial endocarditis in children. *Pediatr Cardiol* 1999;**20**:317–25.
- 21 Lockhart PB, Brennan MT, Kent ML, *et al*. Impact of amoxicillin prophylaxis on the incidence, nature, and duration of bacteremia in children after intubation and dental procedures. *Circulation* 2004;**109**:2878–84.
- 22 Dajani AS, Taubert KA, Wilson W, *et al*. Prevention of bacterial endocarditis. Recommendations by the American Heart Association. *Circulation* 1997;**96**:358–66.
- 23 Conway DSG, Taylor AD, Burrell CJ. Atopic eczema and staphylococcal endocarditis: time to recognize an association? *Hosp Med* 2000;**61**:356–7.
- 24 Grijalva M, Horvath R, Dendis M, *et al*. Molecular diagnosis of culture negative infective endocarditis: clinical validation in a group of surgically treated patients. *Heart* 2003;**89**:263–8.
- 25 Greaves K, Mou D, Patel A, *et al*. Clinical criteria and the appropriate use of transthoracic echocardiography for the exclusion of infective endocarditis. *Heart* 2003;**89**:273–5.
- 26 Gomez-Nunez N, Vargas-Barron J, Espinola-Zavaleta N, *et al*. Echographic study of patients with congenital heart disease and infective endocarditis. *Echocardiography* 2001;**18**:485–90.
- 27 Aly AM, Simpson PM, Humes RA. The role of transthoracic echocardiography in the diagnosis of infective endocarditis in children. *Arch Pediatr Adolesc Med* 1999;**153**:950–3.
- 28 Thangaroopan M, Choy JB. Is transesophageal echocardiography overused in the diagnosis of infective endocarditis? *Am J Cardiol* 2005;**95**:295–7.
- 29 Picarelli D, Leone R, Duhagon P, *et al*. Active infective endocarditis in infants and childhood: ten-year review of surgical therapy. *J Card Surg* 1997;**12**:406–11.
- 30 Ferrieri P, Gewitz MH, Gerber MA, *et al*. Unique features of infective endocarditis in childhood. *Circulation* 2002;**105**:2115–27.

## IMAGES IN CARDIOLOGY .....

doi: 10.1136/hrt.2005.084012

### Pseudoaneurysm of aortocoronary graft secondary to spontaneous late rupture

**A** 79-year-old man with a prior history of three-vessel coronary artery bypass graft surgery performed 14 years ago was admitted for chest pain radiating into the back. Chest x-ray and spiral computed tomographic scan (panels A and B) were performed and showed a 6.7 × 5.1 × 5.3 cm mass in the left hilum, likely representing a pseudoaneurysm with an active leak from an adjacent bypass graft. Emergency coronary angiography found a pulsatile extravasation of contrast product superimposed on the soft tissue mass of the pseudoaneurysm in the never instrumented mid portion of the vein graft to the left anterior descending coronary artery (panel C). The localised spontaneous rupture of the graft was successfully treated by implanting a covered JoStent (panel D). The stenotic distal anastomosis was also successfully treated with a Cypher drug eluting stent. The patient was discharged without any other issue.



E Flecher  
S Wilson  
C M G Duran  
erwan.flecher@wanadoo.fr