

Figure 2. a-d. (a) Aortic angiography shows an aneurysm neck (arrow) and first sac (*). (b) Double sac (*) and aneurysm wall calcification (arrow). (c) Giant SVA (*). (d) Displaced RCA (arrow)

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Rapidly growing fungus ball on prosthetic valve: *Candida albicans* endocarditis 🎬

A 58-year-old woman presented with recent history of fever. She had history of prosthetic aortic and mitral valve implanted four years ago. Blood cultures were negative and transesophageal echocardiography (TEE) detected a large mass within the mitral prosthesis (Fig. 1a, Video 1). After seven days under antibiotherapy, repeated TEE revealed rapidly growing giant vegetation within the valve leaflets (Fig. 1b-d, Video 2, 3). Surgery was performed and rejection material showed fungus ball (Fig. 2a). Cultures and histopathological examinations (Fig. 2b, 3a, b) were positive for *Candida albicans*.

Candida albicans is one of the most important fungal pathogens, caused prosthetic valve endocarditis in our case, with predisposing factors such as major operations, prosthetic material, total parenteral nutrition, broad-spectrum antibiotics, diabetes mellitus, and immunosuppression. Our patient had parenteral nutrition and broad-spectrum antibiotics. A combination of surgical resection and antifungal drug therapy is the Gold standard for treatment.

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Video 1. Second transesophageal echocardiographic view at 0+

Video 2. X plan transesophageal echocardiographic view at 0+ and 90+

Video 3. 3-D transesophageal echocardiographic view at surgical
position

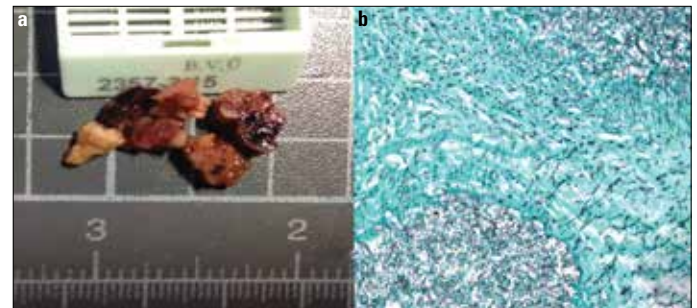


Figure 2. a, b. (a) Macroscopic view of fungus ball. (b) Histopathological view at 200x using Gomori methenamine silver staining for *Candida albicans*

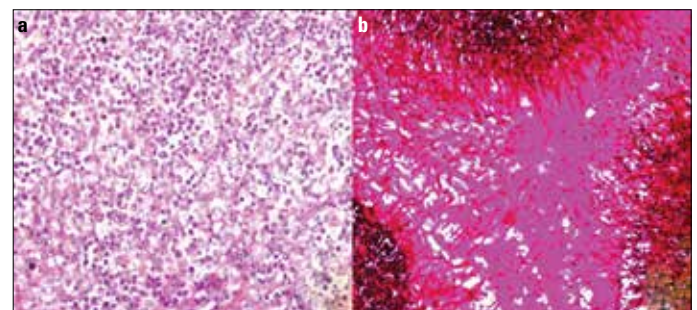


Figure 3. a, b. (a) Histopathological view at 200x using hematoxylin and eosin stained tissue section showing *Candida albicans* spores. (b) Histopathological view at 200x using periodic acid-Schiff staining for *Candida albicans* spores and hyphae

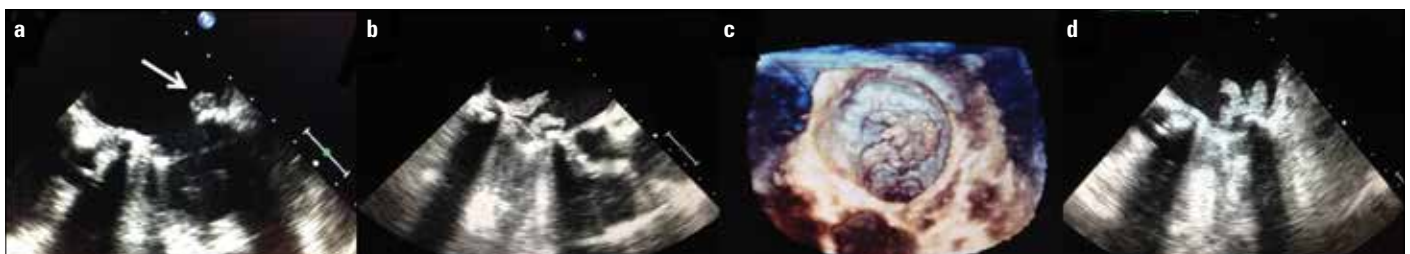


Figure 1. a-d. (a) White arrow shows first transesophageal echocardiographic exam at 20+. (b, d) Second transesophageal echocardiographic exam at 120+ & 20+ (c) 3-D transesophageal echocardiographic exam