

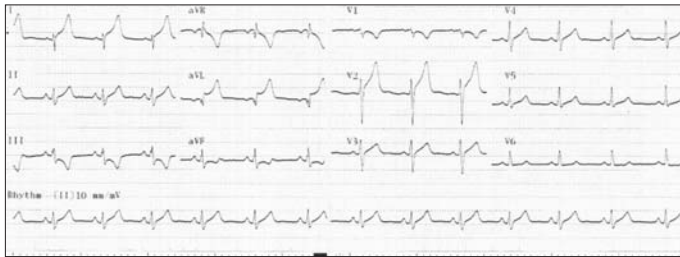
## Reciprocal ST segment depression in a patient with acute pericarditis

### Akut perikarditli bir hastada resiprok ST segment depresyonu

A 19-year-old man presented with complaints of severe, sharp pleuritic pain worsening with inspiration and radiating into trapezius ridge. Pericardial friction rub was heard at the left lower border. Erythrocyte sedimentation rate was elevated; however, cardiac enzymes and cardiac troponins were within normal limits. Bedside echocardiography revealed no abnormality. Electrocardiogram showed concave ST segment elevation in leads I, aVL as well as V3, V4 and V5. Interestingly, ST segment elevation was highest in leads I, aVL and associated with reciprocal ST segment depression in inferior leads mimicking high lateral acute myocardial infarction (Fig. 1). Subsequent coronary angiography was completely normal.

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**Figure 1.** Electrocardiogram shows concave ST segment elevation in leads I, aVL, V3, V4 and V5 accompanied with reciprocal ST segment depression in inferior leads

## Protez kapak endokardit komplikasyonu: Aortik apseye sekonder değişken QRS morfolojili atriyoventriküler tam blok

*Complication of a prosthetic valve endocarditis: complete atrioventricular block with variable QRS morphology due to aortic ring abscess*

Yetmiş iki yaşında erkek hasta, hastanemiz acil servisine ateş, nefes darlığı, bilinç bulanıklığı ve genel durum bozukluğu şikâyetleri ile başvurdu. Koroner anjiyografisi normal olan hasta 6 ay önce aort yetersizliği nedeniyle opere edilmişti. Hastanın son 1 aydır yüksek ateş şikâyeti mevcuttu.

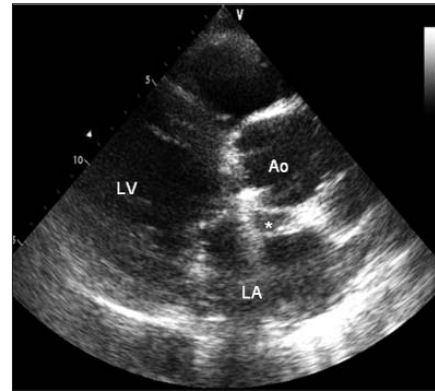
Fizik muayenede, hastanın genel durumu kötü ve ajitasyonu mevcuttu. Ateş 37.2 °C, kan basıncı 90/50 mmHg, kalp hızı 40 atım/dk. Kalp oskültasyonunda aortik odakta erken diyastolik üfürüm ve her iki karotise yayılan 2/6 sistolik ejeksiyon üfürümü saptanırken metalik kapak sesi duyuluyordu.

Elektrokardiyogramlarda (EKG), farklı ventrikül orijinli QRS morfolojileri olan AV tam blok saptandı (Şekil 1A-1B). Laboratuvar bulgularında ise beyaz küre 11400/ uL, yüksek duyarlılıklı CRP 74.3 mg/L, kreatinin 4 mg/dl olarak saptandı. Hastanın alınan üç adet kan kültüründe S. Epidermidis üredi.

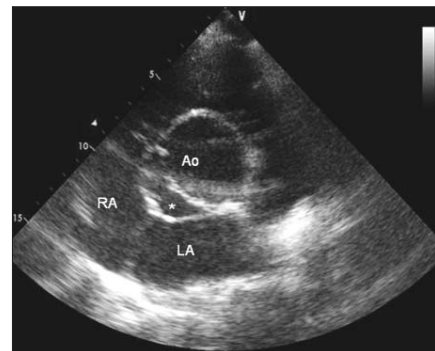
Transtorasik ekokardiyografide (TTE), renkli Doppler ile paravalvüler bölgede ciddi aort yetmezliği izlenirken ön mitral yaprakcık ve aort duvar arasında uzanan, büyük, oval, sistolde genişleyip diyastolde kollabe olan apse ile uyumlu görünüm saptandı (Şekil 2, 3; Video 1, 2. Hareketli/video görüntüleri [www.anakarder.com](http://www.anakarder.com)'da izlenebilir). Ayrıca apsenin sağ atriyuma fistüle olduğu izlendi.



**Şekil 1 A-B.** Elektrokardiyogramlarda, farklı ventrikül orijinli QRS morfolojileri olan AV tam blok



**Şekil 2.** Transtorasik ekokardiyografi - parasternal uzun aks görüntülerde apse görünümü



**Şekil 3.** Transtorasik ekokardiyografi - parasternal kısa aks görüntülerde apse görünümü

\*:Apsse, Ao- Aorta, LA- sol atriyum, LV- sol ventrikül, RA- sağ atriyum

Paravalvüler apse, infektif endokarditin (İE) önemli bir komplikasyonu olup, persistan enfeksiyon, iletim anomalileri, fistül oluşumu, kalp yeter-sizliğinin kötüleşmesi, ölüm ile beraberdir ve aortik kapakta mitral kapağa göre daha sık izlenir. Yeni oluşan iletim defekti ve ateş varsa ayırıcı tanıda İE mutlaka düşünülmelidir. Bu hastalarda günlük EKG takibi hastalığın takibinde oldukça önemlidir. Transözofajiyal ekokardiyografi imkânı olmayan merkezlerde TTE bu komplikasyonun hızlı tanısında oldukça önem kazanmaktadır.

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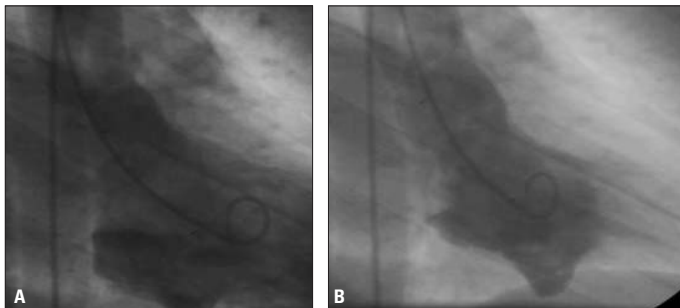
## A case of left ventricular diverticulum diagnosed by left ventriculography

*Sol ventrikülografide tespit edilen bir sol ventrikül divertikülü olgusu*

A 21-year-old man admitted with dyspnea on exertion (NYHA Class II) and palpitation. On physical examination, 3/6 pansystolic murmur was heard at the apical area. Subsequently performed transthoracic echocardiography revealed severe rheumatic mitral regurgitation with normal left ventricular systolic functions. Since then, the patient underwent coronary angiography and left ventriculography before mitral valve replacement surgery. On left ventriculography, a contractile left ventricular diverticulum arising from the left ventricular posterobasal region was observed (Fig. 1, Video 1. See corresponding video/movie images at [www.anakarder.com](http://www.anakarder.com)).

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**Figure 1.** Right anterior oblique left ventriculography view showing a contractile diverticulum arising from posterobasal region at end-diastole (A) and end-systole (B)

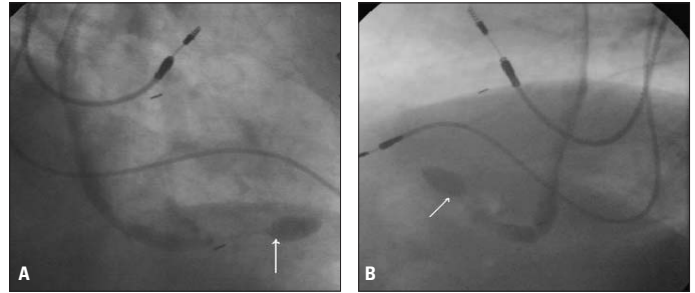
## A pseudoaneurysm of the saphenous vein graft to the posterior descending coronary artery

*Posteriyor desandan koroner artere bağlanan bir safen ven greft psödoanevrizma olgusu*

A 75-year-old man was admitted with of exertional angina (NYHA Class-II) and dyspnea. Fifteen years ago he had undergone triple vessel coronary artery bypass surgery. Six months ago, plain old balloon angioplasty (POBA) was performed in the distal segment of the saphenous vein graft (SVG) to the posterior descending coronary artery because of severe diameter stenosis. During coronary angiography we observed that a pseudoaneurysm of the distal segment of SVG (with the dimensions of 15X7 mm) and severe stenosis just before the aneurysmatic segment probably resulting from injury of the earlier POBA (Fig. 1).

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**Figure 1.** Right anterior oblique (A) and left lateral (B) coronary angiography views demonstrating a pseudoaneurysm of the saphenous vein graft to the posterior descending coronary artery and severe stenosis just before the aneurysmatic segment. Arrow denotes pseudoaneurysm

## Successful stent implantation to bilateral renal artery stenosis in a case with diffuse atherosclerotic involvement

*Diffüz aterosklerotik tutulum tespit edilen bir olguda bilateral renal arter darlığına başarılı stent implantasyonu*

A 75-year-old woman was referred to emergency service with near syncope and chest pain. The patient had uncontrolled systemic arterial hypertension for 15 years. During initial physical examination, pulse rate