

An interesting case with prosthetic valve thrombosis



Prostetik kapak trombüsünün görüldüğü ilginç bir olgu

A 56-year-old woman was referred to our department for echocardiographic examination. She had undergone replacement of the mitral valve with Starr-Edwards heart valve 33 years ago, and also had a replacement of tricuspid valve with porcine bioprosthesis 25 years before due to rheumatic heart disease. The patient was asymptomatic and her electrocardiography (ECG) revealed atrial fibrillation with a mean heart rate of 75 bpm. She was on warfarin therapy with an international normalized ratio (INR) below the therapeutic level. During her annual echocardiographic examination, an 11x4 mm mobile, non obstructive thrombi detected on the tip of the Starr-Edwards mitral prosthesis (Video 1. See corresponding video/movie images at www.anakarder.com). Transvalvular mean gradient was 6 mmHg and mitral valve area was >2.0 cm² with pressure half-time method. The patient was hospitalized and a fibrinolytic therapy with tissue plasminogen activator was administrated. Fibrinolytic therapy was failed for the lysis of thrombi. Therefore, reoperation for mitral valve thrombosis was suggested to patient but she had refused to have an another operation. She was discharged from the hospital on warfarin therapy with a target level of INR 3.5 - 4.0. Nevertheless the patient did not come to follow up.

After one year, the patient was referred to our department for preoperative evaluation due to a mass in the left breast. She was free of cardiac symptoms throughout the last year. Transthoracic echocardiographic examination revealed the lysis of thrombi at the tip of Starr Edwards prosthetic valve on mitral position (Video 2. See corresponding video/movie images at www.anakarder.com).

Necla Özer, Onur Sinan Deveci, Erol Tülümen, Hakan Aksoy, Ergün Barış Kaya, Sercan Okutucu
Department of Cardiology, Faculty of Medicine, University of Hacettepe, Ankara Turkey

Address for Correspondence/Yazışma Adresi: Onur Sinan Deveci
Department of Cardiology Faculty of Medicine University of Hacettepe
06100, Sıhhiye, Ankara, Turkey
Phone: +90 312 305 17 80 Fax: +90 312 311 40 58
E-mail: onurdeveci@yahoo.co.uk

Limb salvage with a cross-over femoropopliteal bypass procedure

Geçit femoropopliteal baypas girişimi ile bacak kurtarımı

A 78-year-old male patient was admitted to our clinic with symptoms related to critical ischemia of his left lower limb. His past medical history revealed coronary arterial disease. Moreover, he had undergone bilateral femoropopliteal bypass surgery 9 years ago. Emergent a digital subtraction angiographical examination showed occlusion of the left femoropopliteal graft (Fig. 1). Additionally, the flow pattern on the left side was observed as static where the popliteal and crural arteries showed poor filling with a delay of 1.5-2 minutes (Fig 2). More distally, anterior and posterior tibial arteries showed a significantly delayed and poor filling (Fig 3). For this case with coexisting high risk pathologies, a crossover right femoral to left distal popliteal bypass

procedure was planned. Proximal anastomosis originated from the right common femoral artery and the distal anastomosis was to the below-knee left popliteal artery with a 6 mm x70 mm polytetrafluoroethylene graft (GORE-PROPATEN-HT066070). Our patient did not suffer from any ischemic symptoms during postoperative period and his control arteriography carried out at 1st postoperative year showed a full patency of the graft (Fig. 4).

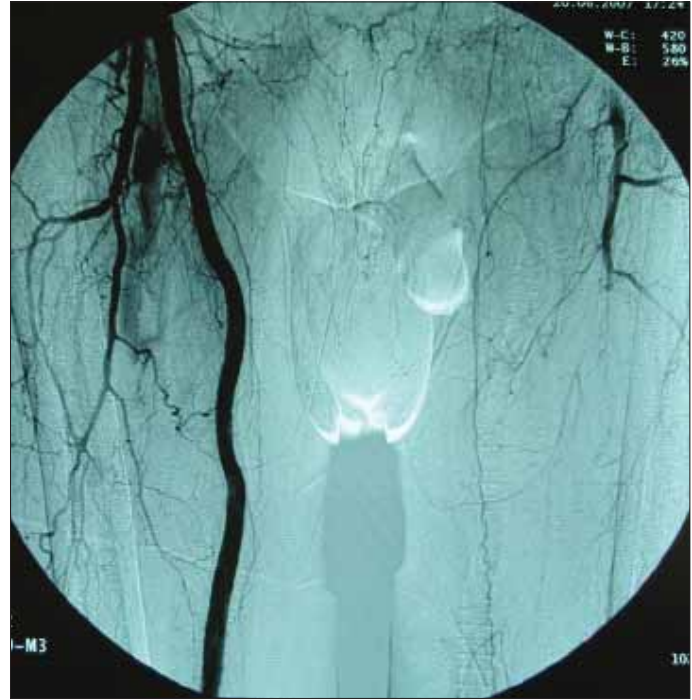


Figure 1. View of occlusion of the left femoropopliteal graft on preoperative digital subtraction angiography



Figure 2. View of the poor flow pattern in the left popliteal and crural arteries