A 19-year-old male patient was admitted to our department with complaints of exertional dyspnea. The physical examination revealed a grade 3/6 systolic murmur best heard at the mesocardiac area. The electrocardiography showed normal sinus rhythm with left ventricular hypertrophy. 

The transthoracic echocardiography (TTE) revealed a biventricular hypertrophy, a discrete subaortic membrane (Fig. A), a 56 mmHg peak gradient through the left ventricular outflow tract, severe aortic regurgitation, a sinus of Valsalva aneurysm (SVA) protruding to the right ventricular outflow tract (RVOT) (Fig. B), a 55 mmHg peak gradient through the RVOT (Fig. C), and a ventricular septal defect (VSD) adjacent to the SVA (Fig. D). 

The choice of treatment for ruptured SVA is surgery. If not ruptured, accompanying coronary ostial stenosis, outflow tract obstruction and/or infection are indications for surgical intervention. We recommended surgery to our patient but he declined.