A 40-year-old man required, in 2007, the implantation of a stentless valved conduit for destructive aortic endocarditis. In 2009, he presented with dyspnea and a new aortic regurgitation murmur, but no argument for endocarditis. Transthoracic echocardiography showed an impressive pseudoaneurysm, corresponding to a contained rupture of the aortic root (Online Videos 1, 2, and 3). Severe aortic regurgitation was found, and was the result of intrinsic compression of the prosthesis by the aneurysm. Computed tomography scan (A to C) confirmed the giant pseudoaneurysm (approximately 10 cm) of the aortic root.

Reoperation showed a huge false aneurysm with complete dehiscence of the right coronary ostium (D). The attempt to replace the destroyed aortic root was not successful. This device was an appealing alternative in case of destructive endocarditis, but several deleterious evolutions were observed (1), leading to its recall. C = conduit; FA = false aneurysm; LA = left atrium; LV = left ventricle; RCA = right coronary artery. *Limits of the communication between the conduit and the false aneurysm.

REFERENCE