

Honeycomb interventricular septum: extension of an aortic root abscess

A 55-year-old man presented with fever of 3 weeks duration. Clinical examination revealed pallor, clubbing, cardiomegaly, an

early diastolic murmur and mild hepatosplenomegaly. Laboratory investigations revealed raised C-reactive protein, leucocytosis and microscopic haematuria. Blood culture yielded no growth. Echocardiography showed a multiloculated abscess in the interventricular septum, resembling a honeycomb, extending from the aortic root and projecting into left ventricular outflow tract (figure 1; see online supplementary videos 1 and 2). There was severe aortic regurgitation. Patient was treated as culture negative endocarditis. Successful aortic valve replacement was done after 3 weeks of antibiotic therapy. Operative findings were confirmative.

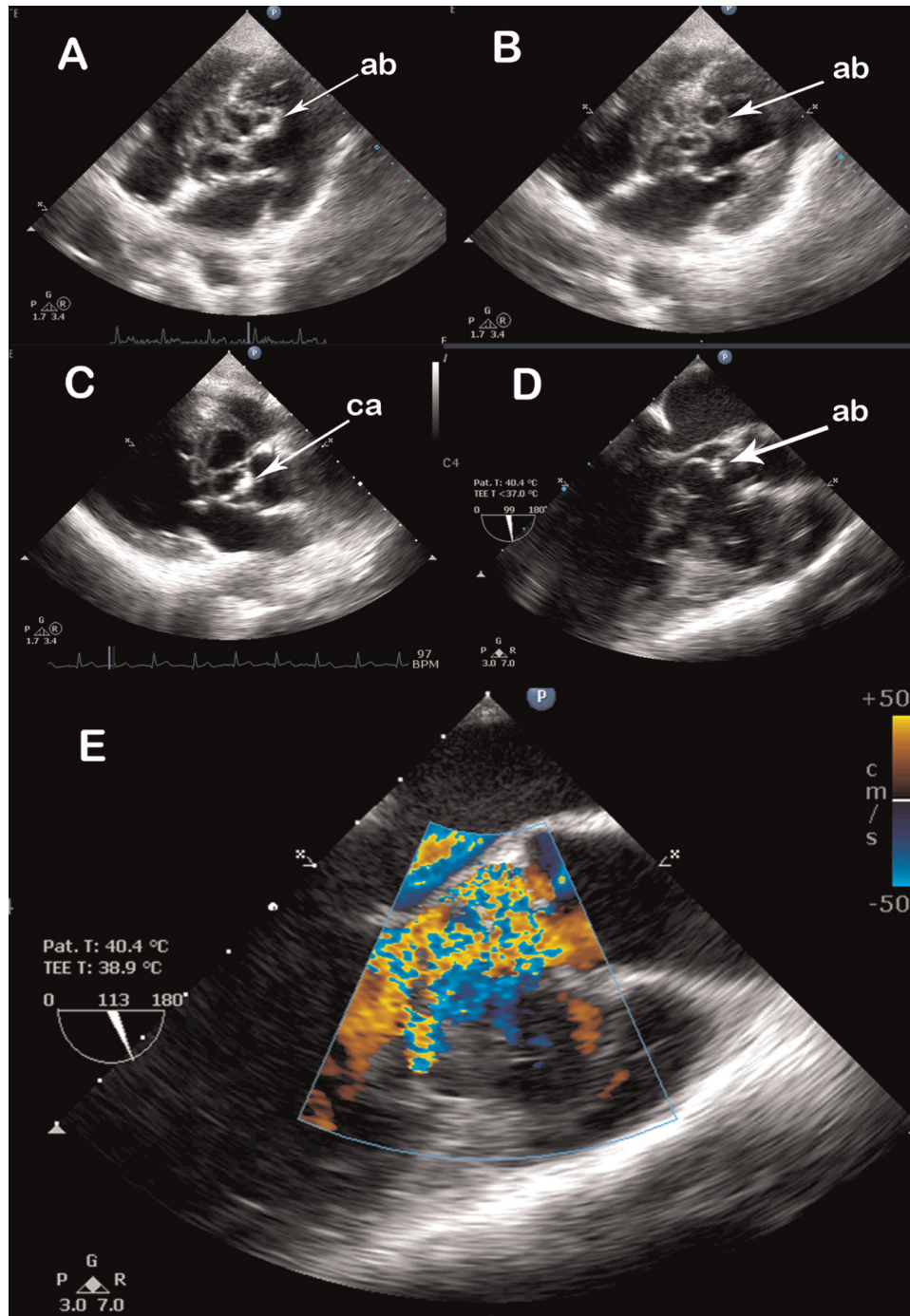


Figure 1 Transthoracic echocardiogram (apical 4-chamber view, A and B) shows multiloculated abscess (ab) in the interventricular septum, resembling a honeycomb. Parasternal long-axis view (C) shows a calcific nodule (ca) in aortic valve, aortic root abscess and severe aortic regurgitation. Transoesophageal echocardiogram (mid-oesophageal LVOT view, D) shows the abscess projecting into LVOT. Colour Doppler shows severe aortic regurgitation filling the LVOT (E). LVOT, left ventricular outflow tract.

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