Complete Heart Block due to Aortic Root Abscesses

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A 35 year-old lady presented with multiple syncopes and progressive dyspnoea over a week. She was febrile and hypotensive with heart rate of 84/minute. The electrocardiogram revealed complete atrioventricular block with right bundle branch block pattern ventricular escape at 84/minute (Figure 1). A prominent diastolic murmur was auscultable at the aortic area. Hemogram was suggestive of anaemia with neutrophilic leucocytosis and elevated ESR and C-reactive protein levels; blood culture however, was negative. Cardiomegaly was noted on the chest radiograph. Echocardiography revealed rheumatic heart disease with severe mitral incompetence and moderate aortic incompetence (Figures 2 and 3). A remarkable finding was the presence of three cystic, hypoechoic lesions at the aortic root, one at each cusp, the largest being 12 mm in diameter (Figure 4). These appeared to encroach the adjacent myocardium. A diagnosis was made of multiple aortic root abscesses in a rheumatic setting, complicated by complete heart block and sepsis. Patient was treated with inotropes, empirical

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antimicrobials and temporary venous pacing. Unfortunately, this patient had a rapidly downhill course and succumbed to her illness on the second day.

Though ring abscess complicating prosthetic aortic valves are known, multiple abscesses in a native valve are exceedingly rare. As in this case, these may form an uncommon though sinister cause of complete heart block, and should be considered during evaluation of the same, especially in the young.

References
