Sinus of Valsalva Aneurysm

Ankush Sachdeva*, Neel Bhatia*, Biswajit Paul**, Vivek Kumar***

Figs. 1 and 2: Parasternal Long and short axis view on transthoracic echocardiogram showing aneurysm of sinus of valsalva of non coronary cusp (arrow) respectively.

Figs. 3 and 4: Apical Four chamber view on transthoracic echocardiogram showing aneurysm of sinus of valsalva of noncoronary cusp (arrow) and CT Aortogram showing aneurysm of sinus of valsalva of right coronary cusp (arrow) respectively.

Figs. 5 and 6: Showing parasternal long axis view; exclusion of the sinus of valsalva aneurysm (arrow) by a Dacron patch (arrow) respectively.

A 55 year old male patient presented to us with complaint of giddiness and chest discomfort of two day duration. Coronary Angiography revealed normal coronaries. A transthoracic echocardiography was done which showed large aneurysm of sinus of valsalva of the non coronary cusp indenting upon anterior surface of Left Atrium(Fig A,B,C). CT Angiogram of Aorta showed a large aneurysm involving both non coronary and right coronary cusp(Fig,D) with no aortic regurgitation. There was no evidence of dissection of aorta or rupture of the aneurysm. There was no marfanoid features present on clinical examination. This patient was treated with a Dacron patch aortic root repair. Valsalva sinus aneurysms are rare and can be congenital or acquired. Congenital aneurysms may result from localized weakness of the elastic lamina or of underlying deficiency of normal elastic lamina. Acquired aneurysms commonly are caused by infectious diseases such as bacterial endocarditis, syphilis and tuberculosis; degenerative condition such as atherosclerosis, cystic medial necrosis and from deceleration injury. Both ruptured and unruptured aneurysms are associated with potentially fatal complications: however the prognosis after treatment is excellent.1, 2 Therefore, it is important to make a prompt and accurate diagnosis.

References

*Attending Cardiologist, **Consultant Cardiologist, ***Senior Consultant Cardiologist, Fortis Escorts Heart Institute, Okhla, New Delhi
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