

AORTIC VALVE REGURGITATION FOLLOWING BLUNT CHEST TRAUMA

Carlos M A Brandão^{1*}, Samuel Stephen¹, Pablo M A Pomerantzeff¹, Fabio B Jatene¹

¹ Cardiovascular Surgery Department - Heart Institute University of Sao Paulo Medical School, Sao Paulo, Brazil

* Corresponding author: carlosmbrandao@terra.com.br

A 36-year old man was involved in a car accident, presenting a blunt chest trauma by the steering wheel. He required airway intubation at the trauma scene and was admitted to the hospital. After external surgical fixation of right femur fracture, he was admitted to the ICU, with mechanical ventilation due to severe lung contusion. After a few hours in the ICU, he progressed with hemodynamic instability and need of inotropic and vasopressor support. A transesoph-

ageal echocardiogram revealed a severe aortic valve insufficiency, with rupture of the left and right coronary cusps. Surgical intervention was performed using a standard cardiopulmonary bypass technique under mild hypothermia, and antegrade blood cardioplegia. The aortic valve presented insufficiency due to rupture of the left and right coronary cusps. The patient was submitted to a biological prosthesis implant. There were no postoperative complications.

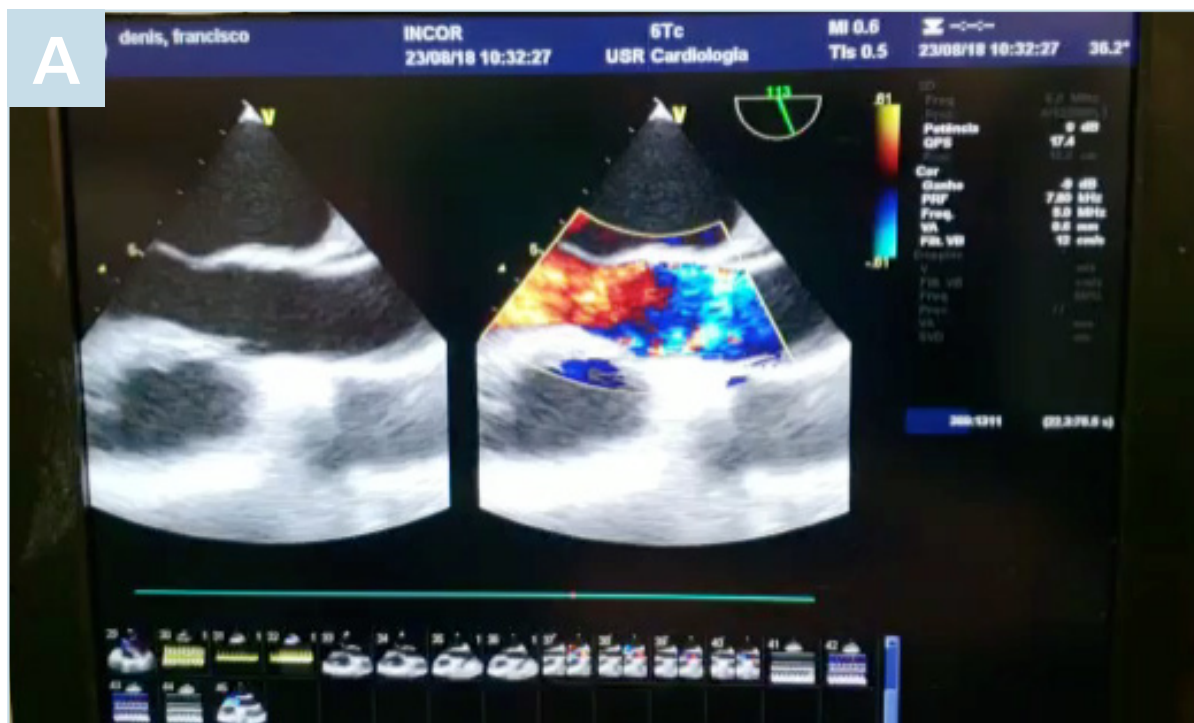


Figure 1

36-year old male presented an aortic regurgitation after blunt chest trauma (by the steering wheel). A - Transesophageal ECO revealed a severe aortic regurgitation.

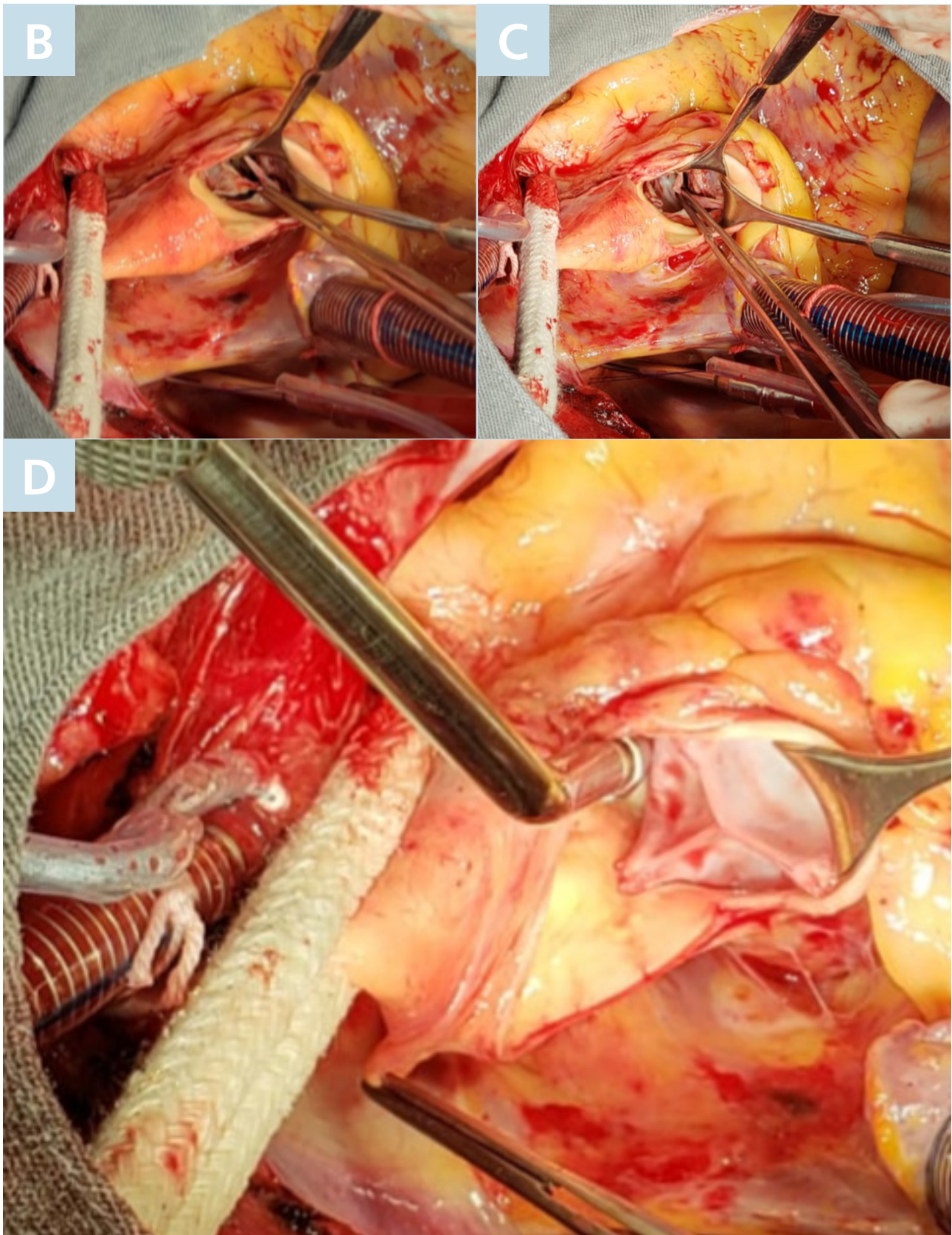


Figure 1

*B - The aortic valve presented insufficiency due to rupture of the left coronary cusp.
C - The right coronary cusp presented an avulsion from the annulus.
D - The patient was submitted to a biological prosthesis implant, and was discharged home.*