
Postoperative dissecting ventricular haematoma: a conservative strategy with a cardiac magnetic resonance imaging follow-up

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Dissecting ventricular haematoma (DVE) is uncommon and immediate evacuation is usually recommended. A 68-year-old male patient was referred to our hospital for surgical repair of mitral valve prolapse. The mitral valve surgery was complicated by lateral ST-elevation and transoesophageal echocardiography (TEE) showed a left ventricle (LV) lateral wall thickness suggestive of DVE (Panels A and B, and see Supplementary data online). Urgent invasive coronary angiography (ICA) showed a marginal branch with negligible extra-vascular bleeding and compressed by DVE, suggesting an intra-myocardial course of the vessel (Panel C and see Supplementary data online). Based on the stable haemodynamic condition, a conservative strategy was planned. Three days later, cardiac magnetic resonance (CMR) steady-state free procession sequences showed LV lateral wall thickness with moderate reduction in LV ejection fraction (EF; 38%) (Panel D, asterisk; see Supplementary data online) with low signal surrounded by bright rim at T1-weighted images (Panel E, asterisk; see Supplementary data online), respectively. The rest perfusion demonstrated a large dark expanded area (Panel F, asterisk; see Supplementary data online) with a bright signal surrounding the haematoma at post-contrast late gadolinium enhancement sequence (Panel G, asterisk). The LV thickness was slightly decreased when compared with TEE, and therefore, the conservative strategy was confirmed. At 3-month follow-up, the patient was event free with a significant spontaneous remission of haematoma and mild improvement in LV EF (43%) (Panels H–M and see Supplementary data online). This is a rare case of DVE with spontaneous remission at follow-up.

LCX: left circumflex coronary artery; MV: mitral valve; RV: right ventricle

Supplementary data are available at European Heart Journal – Cardiovascular Imaging online.

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