A 75-year-old man underwent a Bentall procedure and hemi-arch replacement with a Biovalsalva conduit (Vascutek Terumo, Renfrewshire, Scotland) and concomitant coronary re-vascularisation. Three days later, the patient underwent an uneventful re-sternotomy due to cardiac tamponade. During the procedure, blood was drained to release the tamponade; however, no primary area for blood loss was found, though the proximal Biovalsalva appeared dissected (Fig. 1).

Fig. 1. Surgical exploration showed a patent 25-mm Biovalsalva conduit with proximal vein–graft anastomosis on the graft body. The proximal section of the conduit appeared blue-coloured because of the presence of an intra-laminar thrombus underneath the outer polytetrafluoroethylene (PTFE) wrap of this triple-layered material (Triplex; Vascutek Terumo). After removal of the clots through a tear in the outer PTFE wrap, just below the proximal vein–graft anastomosis, the apparent intra-laminar space between the outer PTFE wrap and the central elastomeric membrane/inner woven polyester layer was glued and obliterated with Bioglue. The procedure was uneventful.