Papillary fibroelastoma of the tricuspid valve: a perioperative diagnosis

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A 75-year old man was hospitalized for tricuspid endocarditis. Despite a well-conducted antibiotic therapy, vegetation was persistent (Fig. 1). Several investigations did not find the aetiology, and a surgical exploration revealed a papillary fibroelastoma (Fig. 2). Total resection (Supplementary Video S1) with tricuspid valvuloplasty (Supplementary Video S2) permitted a curative therapy. This highlights that surgery stays an alternative in some uncertain situations.

Supplementary material (Videos 1 and 2) is available at EJCTS online.

Video S1: Perioperative view of the tricuspid valve (before and after resection). The papillary fibroelastoma is appending to the septal leaflet (on the left) caught with the hook, the posterior leaflet is on the bottom.

Video S2: Aspect of the papillary fibroelastoma when putting it in saline, and the final result after reconstruction of the tricuspid valve.

Figure 1: Transoesophageal echocardiogram. RA: right atrium; RV: right ventricle; LA: left atrium; LVOT: left ventricle outflow track; (*): the vegetation.

Figure 2: Papillary fibroelastoma with typical sea-anemone aspect in saline.