Chronic contained rupture of the posterior left ventricular wall two years after balloon dilatation of a degenerated mitral bioprosthesis

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An 83-year old woman suffered from restenosis of a mitral bioprosthesis with extensive annular calcification extending into the left ventricle. During successful balloon dilatation, perforation of the ventricular wall occurred. Two years later, computed tomography-scan and preoperative findings during valve replacement showed a chronic pseudoaneurysm in the posterior mediastinum (Figs 1 and 2).

Figure 1: Preoperative computed tomography-scan shows a connection (asterisk) between the left ventricle (LV) at the posterior annulus of the mitral valve (MV) and the dissected pocket (DP) located at the posterior wall of the left atrium (LA).

Figure 2: (A) Preoperative view of the left atrium (LA) after resection of the mitral bioprosthesis (single asterisk). The aortic valve is replaced because of moderate stenosis. (A and B) The posterior annulus (white dotted line) of the mitral valve is restored by bringing the edges (black dotted line) of the endothelialized dissected pocket (double asterisk) together.