hypotheses until systematic clinical evidence can be systematically obtained from adequately designed clinical trials. The changing epidemiology of the disease now allows what was previously impossible: it is high time to move HCM into the era of evidence-based management.

Supplementary material
Supplementary material is available at *European Heart Journal* online.

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References
The list of references is available in the online version of this paper.

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**Giant aortic pseudoaneurysm fistulized into right atrium**

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A previously healthy 19-year-old female presented with high fever, weight loss, and recurrent dyspnoea for 4 months. Three months ago, transthoracic echocardiography (TTE) revealed large amount of pericardial effusion with normal cardiac structure and function. Thoracic computed tomography (CT) showed mediastinal lymphadenopathy and discrete infiltrations in right lung with right-side pleural effusion. She underwent a pericardial drainage for diagnosis, which removed sero-haematic fluid with elevated adenosine deaminase 54 U/L (45). An interferon-γ release assay for tuberculosis was 2044 SFC (<24) and confirmed the diagnosis of tuberculosis. Thus, anti-tuberculosis therapy was started and the symptoms relieved after 2 weeks. However, progressive dyspnoea relapsed 1 month ago. Transthoracic echocardiography detected a large pseudoaneurysm arising from the right side of the ascending aorta (Ao) (*Panel A*, presents pseudoaneurysm, Arrow showed the fistula). Apical four-chamber view disclosed enlarged right cardiac chambers with an abnormal blood flow in right atrium. Further investigation showed a communicating fistula between the pseudoaneurysm and the right atrium (arrow: *Panel B*) and a continuous blood flow from Ao through the mass into right atrium (arrow: *Panels C and D*). Later CT angiogram of the Ao confirmed the presence of the pseudoaneurysm (*Panel E*) and its communications (arrows: *Panel F*).

Pseudoaneurysm of the Ao complicated by aortoatrial fistula is a very rare but potentially fatal abnormality that could occur secondary to tuberculosis. Urgent surgery needs to be performed to prevent the rupture. Unfortunately, our patient refused the operation and kept on the medication (Supplementary material online, Videos 1 and 2).

Supplementary material is available at *European Heart Journal* Online.

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