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**CARDIOVASCULAR FLASHLIGHT**

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**Unruptured sinus valsalva aneurysm in bicuspid aortic valve as an unusual cause of seasonal dyspnoea**

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A 44-year-old woman presented with an intracardiac cystic mass. She has been taking inhaled steroid during 2 years because of seasonal dyspnoea, with positive response to the methacholine bronchial provocation test. The chest X-ray showed no abnormal finding (Panel A). The echocardiogram showed a thin-walled saccular lesion in the right atrium and its’ cystic mass was extended from the ascending aorta and protruded into the right atrium (Panel B). A cardiac MRI revealed that the cystic mass was connected to the non-coronary sinus and was not located in the right atrium and confirmed the presence of an unruptured 30-mm diameter sinus valsalva aneurysm (SVA) (Panel C).

We performed a bidirectional approach, in which both the aorta and the right atrium were opened and both the ends of the defect were separately repaired. The intra-operative exploration revealed a bicuspid aortic valve type 1, L/R with a thin-walled SVA (Panel D, left upper). First, following the excision of the aneurismal sac at its base in the low-pressure cardiac chamber (right atrium), the aortic end of the non-coronary sinus fistula was patched by means of a semi-circular-shaped prosthetic patch, tailored on a 21 aortic valve sizer, through aortotomy (Panel D, left lower). Then the resultant defect at its base in the right atrium was repaired by vascular patch (Panel D, right lower).

She remains asymptomatic 2 years without any inhaled steroid after surgery. Also follow-up MRI demonstrate good geometric aortic sinus without aortic dilatation (Panel E). This case showed unruptured SVA association with the bicuspid aortic valve as an unusual cause of seasonal dyspnoea.