References


Feeling dizzy? A giant incidental finding

Gajen Sunthar Kanaganayagam1*, Marco Moscarelli2, Prakash P. Punjabi2, and Kevin F. Fox1

1Department of Cardiology, Imperial College London, London, UK and 2Department of Cardiovascular surgery, Imperial College London, London, UK

* Corresponding author. Tel: +44 2033131000, Fax: +44 2087154087, Email: g.s.kana@doctors.org.uk

A 39-year-old gentleman with known HIV, on antiretroviral therapy with an undetectable viral load, treated Hepatitis C, and a recent intravenous drug user presented with abdominal pain and general malaise over 6 weeks. He had recently finished a course of flucloxacillin for left foot cellulitis. On examination, he was afebrile, cachectic, had no stigmata of infective endocarditis, a possible flow murmur and a tender left hypochondrium with normal bowel sounds. A chest xray and abdominal xray were unremarkable. Bloods showed a white cell count of 5.8 ($\times$ 10$^9$/L) and a C-reactive protein of 108 mg/L. A CT chest and abdomen was performed that showed splenic infarcts (areas of low attenuation with arrow in Panel A) and a mass on the aortic valve (Panel B; arrow). He then had an echo-cardiogram that confirmed the presence of a large mass attached to the aortic valve prolapsing in and out of the left ventricular outflow tract (Panel C—parasternal long-axis view of mass with arrow, see Supplementary material online, Video; Panel D showing continuous wave Doppler trace through the aortic valve with intermittent obstruction signified with arrow; Panel E—5 chamber view with colour flow, Supplementary material online, Video), and no further vegetations. On further questioning he stated that he had been dizzy over the last couple of days particularly when he stood. He was taken for immediate surgery after blood cultures and antibiotics. A 4.2 $\times$ 2 cm mass was excised from his aortic valve (Panel F), subsequently shown to be candida, and replaced with a mechanical aortic valve.

Supplementary material is available at European Heart Journal online.

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