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IMAGES AND VIDEOS

Unique characterization of complex endocarditic vegetations using 3D TOE

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Summary

A 31-year-old male was admitted with suspected infective endocarditis, given a history of i.v. drug use, lung and cerebral abscesses and Staphylococcus aureus bacteraemia. TTE imaging was limited given supine positioning and mechanical ventilation but suggested a posterior mitral valve leaflet (PMVL) mass. Threedimensional TOE provided uniquely detailed assessment of two complex infective masses. The attachment of the presumed P2 mass on TTE was indeterminant even on 2D-TOE, appearing attached to the PMVL or AMVL depending on rotational view (Fig. 1). 3D-TOE imaging and subsequent multiplanar and volumerendered reconstruction revealed this to be a complex, large vegetation attached to the anterior aspect of the anterolateral commissure with mobile heads prolapsing into the left atrium and causing mild mitral regurgitation through a small basal perforation (Figs 2, 3 and Video 1). The second mass was a filamentous vegetation attached to the LVOT, prolapsing towards but not contacting the aortic valve (Fig. 4 and Video 2). Comprehensive assessment of complex vegetations is crucial for optimal surgical planning. 3D-TOE allows rapid, accurate, unique assessment of such masses through unlimited multiplanar reconstructions, volume-rendered real-time imaging and colour full-volume regurgitation assessment which may not always possible on 2D-TTE or 2D-TOE. 3D imaging should be routinely used in TOE and in particular in suspected endocarditis.

Video 1

MV vegetation. View Video 1 at http://movie-usa. glencoesoftware.com/video/10.1530/ERP-19-0062/video-1.

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Figure 1

Indeterminate attachment of the valvular vegetation (vegetation 1) on 2D-TOE.



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Figure 2 3D multiplanar reconstruction.



Figure 3 3D volume-rendered reconstruction.

https://erp.bioscientifica.com https://doi.org/10.1530/ERP-19-0062 © 2020 The authors Published by Bioscientifica Ltd



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Figure 4 Vegetation 2 attached to the basal anteroseptal

myocardium.

Video 2

LVOT vegetation. View Video 2 at http://movie-usa. glencoesoftware.com/video/10.1530/ERP-19-0062/video-2.

Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of this article.

Funding

This work did not receive any specific grant from any funding agency in the public, commercial or not-for-profit sector.

Patient consent

The patient gave written informed consent for publication.

Received in final form 4 February 2020 Accepted 11 May 2020 Accepted Manuscript published online 11 May 2020



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