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IMAGES IN CARDIOLOGY

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Mycotic aneurysm complicating prosthetic valve endocarditis

A 62-year-old man underwent aortic xenograft valve replacement for treatment of severe congenital aortic valve stenosis. Nine months later the patient was admitted to a community hospital with recurrent fever. Blood cultures grew *Candida albicans* and an echocardiogram showed fine granular vegetations on the prosthetic valve leading to the diagnosis of candida endocarditis. Under standard antifungal treatment symptoms resolved quickly and the patient was discharged on oral fluconazole. Two months later he was admitted to our centre with new onset fever and an acute insult of the left middle cerebral artery with temporary motor aphasia and paresis of his right arm. A broad focus search including cranial, thoracic and abdominal computer tomographic (CT) scans remained unrevealing. High dose antifungal treatment including amphotericin B and flucytosin did not lead to clinical improvement. Finally, the graft was surgically replaced. However, despite ongoing

antifungal treatment fever did not recess. We performed a leucocyte scintigram revealing an inflammatory process in the left knee. Physical examination of the knee showed no abnormalities. A subsequent magnetic resonance tomogram and femoral angiogram corroborated the diagnosis of a popliteal mycotic aneurysm. After surgical removal of the aneurysm the patient quickly recovered and has been symptom-free for the last two years. This case demonstrates that mycotic aneurysms are serious, but rarely considered, complications of fungal prosthetic valve endocarditis and highlights the potential value of a leucocyte scintigram as part of an extended investigation.

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(1) Leucocyte scintigram revealing an inflammatory process in the left knee (circle). (2A–C) Sequential images of a digital subtraction angiogram of the femoral artery. Upon injection of contrast agent an occlusion of the popliteal artery is revealed. A few seconds later a round contrast filled aneurysm appears (arrows).