of vulnerable plaque is characterised by a necrotic core with an overlying fibrous cap of $<65\ \mu\text{m}$, better imaging capability using higher-resolution devices is the only way to identify these plaques more accurately. Probably, the virtual histological definition of vulnerable plaque is not accurate as it has not been validated against histopathological features, and the spatial resolution of VH-IVUS (ie, $100\text{--}200\ \mu\text{m}$) is far below that needed to detect these plaques using the histological definition. Currently, optical coherence tomography yields a higher spatial resolution ($10\text{--}20\ \mu\text{m}$), and offers the potential to provide more accurate information on coronary plaques.¹⁴ However, optical coherence tomography is limited by its inability to image through blood, which makes this technology cumbersome and often not reproducible except in the most skilled hands.

Nonetheless, what we should note from studies such as this one is that we are entering a new age in cardiology where precise identification of plaque composition may, one day, allow us to identify high-risk plaques before they rupture, and thereby save lives.

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IMAGES IN CARDIOLOGY

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Spontaneous intraoperative ventricular haematoma in a neonate

A 1-day-old boy was referred to our institution with cyanosis and respiratory distress. The chest radiograph demonstrated cardiomegaly and increased pulmonary vascularity. A cross-sectional echocardiogram disclosed obstructed mixed total anomalous pulmonary venous connections with a large secundum atrial septal defect and enlarged right cardiac chambers. The patient underwent surgical correction at 2 weeks of age. The intraoperative transoesophageal echocardiogram showed poor biventricular function along with a large hypoechoic mass in the basal inferior septum (panel). A diagnosis of spontaneous intraventricular haematoma was made. The child left the operating room on extracorporeal membrane oxygenation (ECMO) support. Serial transthoracic echocardiograms showed progressive improvement of the ventricular function, and complete spontaneous resolution of the haematoma was noted 11 days after surgery. ECMO was discontinued on postoperative day 4 and the child was discharged home 1 month after surgery. Intraoperative spontaneous haematoma is an uncommon finding. In our experience, expectant management is warranted.

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Transoesophageal echocardiogram from a four-chamber view showing a haematoma (H) in the basal inferior septum. LA, left atrium; LV, left ventricle; RA, right atrium; RV, right ventricle.