Aortic vegetation and acute coronary embolism

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A 52-year-old diabetic woman was admitted to hospital for acute dyspnea. During the workup, cardiac echocardiography demonstrated a 36 mm aortic vegetation (1 – arrow). Six hours later, she developed a massive anterior wall myocardial infarction with cardiogenic shock. Transesophageal echocardiography showed a 19 mm vegetation (2 – arrow), and coronarography of the left coronary demonstrated a complete occlusion of the proximal descending artery (3 – arrow), while the circumflex (Cx) was patent. She underwent emergency surgical exploration, and the vegetation was dissected from the ventricular side of the aortic valve (4 – arrow). The valve was left in place with good functional result. The coronary embolism was extracted from the descending artery (DA) using a Fogarty catheter (5 – arrow). A 25 mm x 20 mm vegetation was retrieved from the aortic valve (6) and a 16 mm x 4 mm vegetation from the coronary (7). Except for postoperative atrial fibrillation, the patient underwent an uneventful recovery. Ao Aorta; LA Left atrium; LV Left ventricle; LM Left main

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