A quadricuspid aortic valve

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A symptomatic 61-year-old man with a prior history of right coronary disease, which required angioplasty of the middle portion of the right coronary artery was referred to the Pontchaillou Hospital (Rennes, Ile et Vilaine, France) institution for aortic valve replacement. Transthoracic echocardiography confirmed the existence of a central moderate aortic regurgitation (grade 2) associated with a severe aortic stenosis (surface area 0.7 cm², mean gradient 80 mmHg). The aortic valve appeared bicuspid and the left ventricular (LV) function

was normal without LV dilation. The preoperative coronary angiography demonstrated no restenosis of the right coronary artery. The patient underwent openheart surgery, which consisted of an aortic valve replacement by a porcine bioprosthesis. The native aortic valve was excised and found to be quadricuspid, without the usual Y-aspect closure, and with highly calcified and thickened sigmoid cusps (Figure 1). There were no postoperative complications and the patient was discharged eight days after surgery without any other issue.

Figure 1) The present patient underwent openheart surgery, which consisted of an aortic valve replacement by a porcine bioprosthesis (left panel). The native aortic valve was excised and found to be quadricuspid, without the usual Y-aspect closure, and with highly calcified and thickened sigmoid cusps (right panel)

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Received for publication March 30, 2007. Accepted April 8, 2007