A case of a leaky Dor

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A 51-year-old man with a history of ischemic cardiomyopathy who underwent a recent three-vessel coronary artery bypass graft and Dor procedure was admitted to a tertiary care hospital with ventricular tachycardia and congestive heart failure. He underwent a transthoracic echocardiogram, which demonstrated a noticeable aneurysm at the left ventricular apex (A) with patch closure (arrow) in the apical four-chamber view, consistent with a previous Dor procedure (Figure 1). Doppler flow studies suggested a patch leak with communication between the left ventricular cavity and apical aneurysm. A cardiac computed tomography scan demonstrated a communication across the patch closure (arrow in Figure 2), between the left ventricular cavity (LV) and the aneurysm (A).

The Dor procedure was first performed in 1984 (1). It is a reasonable surgical ventricular restoration option for patients with severe left ventricular dysfunction and aneurysm. The Dor procedure involves endoventricular patch plasty closure of an apical aneurysm to reduce left ventricular cavity size, resulting in improved left ventricular function and cardiac output (2).

Figure 1

The present patient, however, had disruption of the repair procedure, resulting in worsening cardiac function and heart failure without appreciable benefit. He eventually underwent successful cardiac transplantation and remained well two years later.

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Figure 2

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