# CARDIAC IMAGING QUIZ

# Ruchika Meel<sup>1</sup> and Blanche Cupido<sup>2</sup>

<sup>1</sup>Faculty of Health Sciences, Department of Internal Medicine, University of the Witwatersrand and Sandton Mediclinic, Johannesburg, South Africa <sup>2</sup>Groote Schuur Hospital and University of Cape Town, Cape Town, South Africa





## ANSWER

C. Sinus of Valsalva aneurysm involving the right coronary sinus (A, short axis view) complicated by aortic regurgitation (D, E), erosion into the interventricular septum (B, short axis view and C, 2 chamber view; D, long axis view and F, 3D reconstruction) and complete heart block (A, right atrial / ventricular lead marked with asterisks).

These images belong to a 50-year-old male who presented in heart failure and complete heart block.

A sinus of Valsalva aneurysm (SVA) results from a weakness in the elastic lamina at the junction between the aortic media and the annulus fibrosus. Although the true prevalence is unclear, autopsy studies suggest that SVAs occur in less than 0.1% of the general population. These aneurysms can be congenital, and may be linked to connective tissue disorders such as Marfan syndrome, or acquired due to conditions like syphilis or atherosclerosis. They most frequently develop from the right coronary sinus (in 70% of cases), and less frequently from the non-coronary sinus (in 25%). If rupture occurs, the resulting shunt typically leads to the right ventricle or right atrium. Complications such as right ventricular outflow obstruction, coronary artery compression with infarction, conduction disturbances, endocarditis, and thrombus formation within the aneurysmal cavity have also been reported. While many patients remain asymptomatic, some may experience chest pain, shortness of breath, or heart failure. Rupture is a serious complication that can result in life-threatening conditions, including shock or the formation of an aortic fistula. Diagnosis is usually confirmed through echocardiography, CT, or MRI, and surgical repair is the standard treatment, particularly for large or symptomatic aneurysms. Without treatment, rupture can be fatal, but early detection and surgical intervention typically result in a favourable prognosis.

### Conflict of interest: none declared.

### SUGGESTED READING

- I. Arcario Mark J, et al. Sinus of Valsalva aneurysms: A review with perioperative considerations. Journal of Cardiothoracic and Vascular Anaesthesia. 2021;35(11):3340-3349.
- 2. Weinreich M, Yu PJ, Trost B. Sinus of Valsalva aneurysms: Review of the literature and an update on management. Clin Cardiol. 2015;38(3):185-9.
- 3. Doost A, Craig JA, Soh SY. Acute rupture of a sinus of Valsalva aneurysm into the right atrium: A case report and a narrative review. BMC Cardiovasc Disord. 2020;20(1):84.
- 4. Bo Xu, Duygu Kocyigit, Jorge Betancor, Carmela Tan, E Rene Rodriguez, Paul Schoenhagen, et al. Sinus of Valsalva aneurysms: A state-of-the-art imaging review. Journal of the American Society of Echocardiography. 2020;33(3): 295-312.