

Total circumferential separation of a valved aortic conduit from the left ventricular outflow tract

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A 48-year old man who underwent prior aortic root replacement was referred for prosthetic valve endocarditis. Echocardiography showed circumferential detachment of the valved aortic conduit from the left ventricular outflow tract (Fig. 1 and [Supplementary Video 1](#)). Intraoperatively, complete uncoupling of the mechanical

valve from its anchorage was clearly visualized (Fig. 2 and [Supplementary Video 2](#)).

SUPPLEMENTARY MATERIAL

Supplementary material (Videos 1 and 2) is available at *EJCTS* online.

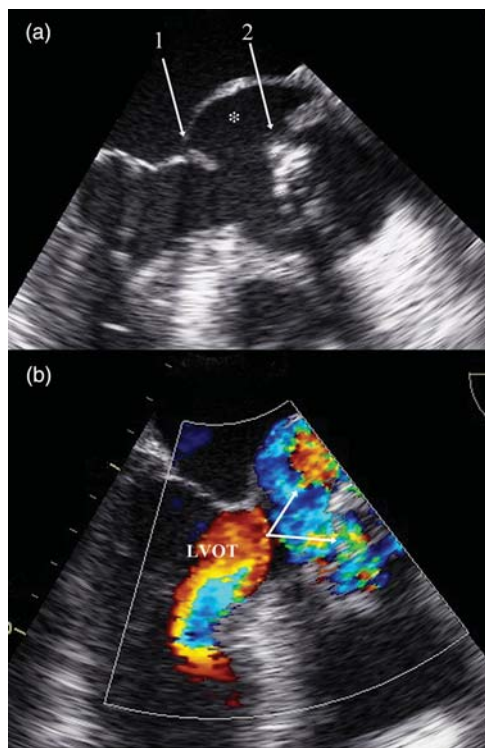


Figure 1: (a) The mid-oesophageal aortic valve long-axis view demonstrating the total separation of the mechanical valved conduit (arrow 2) from the left ventricular outflow tract (arrow 1). The asterisk locates the paravalvular abscess. (b) Transoesophageal echocardiographic image showing the divergence of blood flow through the abscess and the mechanical conduit (arrows). LVOT: left ventricular outflow tract.

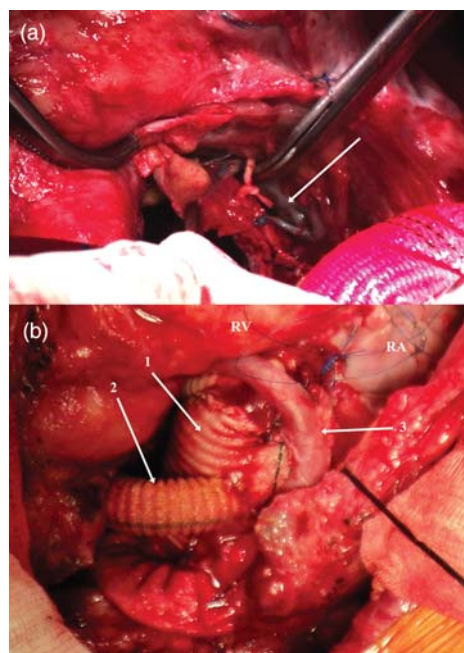


Figure 2: (a) The intraoperative image demonstrating the paravalvular communication with the left ventricular outflow tract (arrow). The sutures on the mechanical valve have not been cut (knots are clearly visible), indicating that the prosthesis has spontaneously separated from its anchorage. (b) The intraoperative view of the completed reconstruction. The aortic root has been replaced with a new valvular conduit (arrow 1). The ostia of both coronary arteries have been attached to the aortic graft via separate grafts (arrows 2 and 3). RA: right atrium; RV: right ventricle.