Huge apertures in the aortic valve due to Libman-Sachs endocarditis

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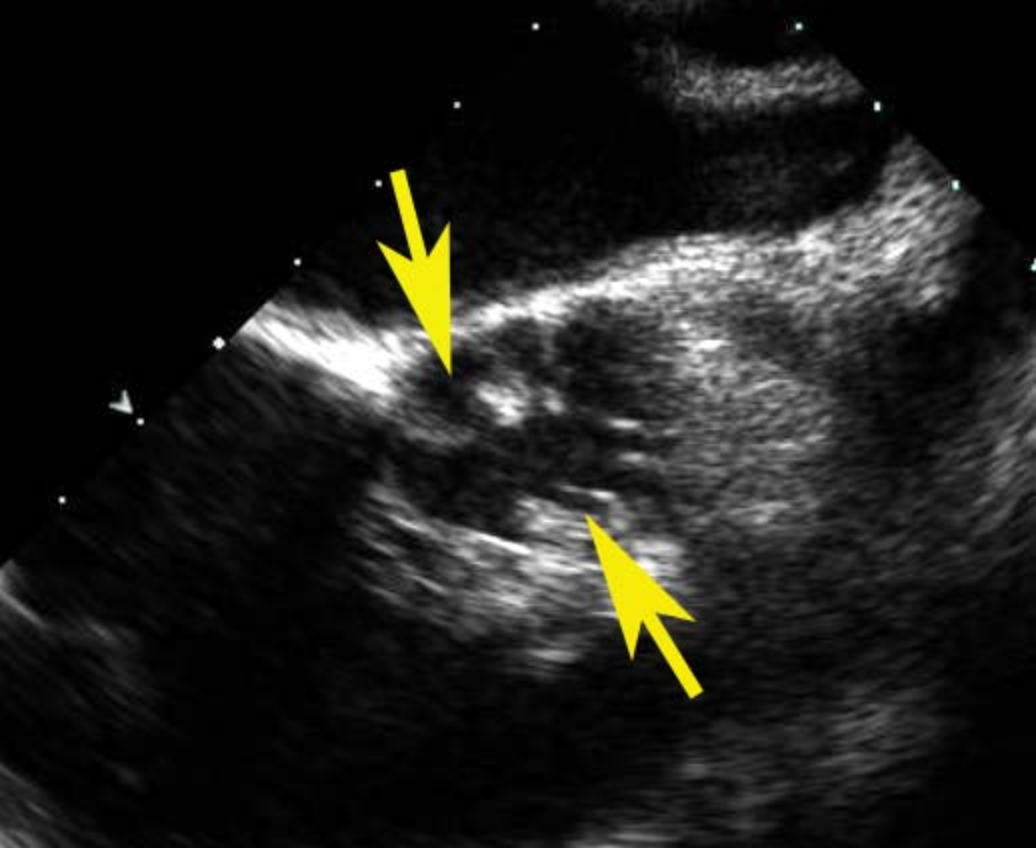
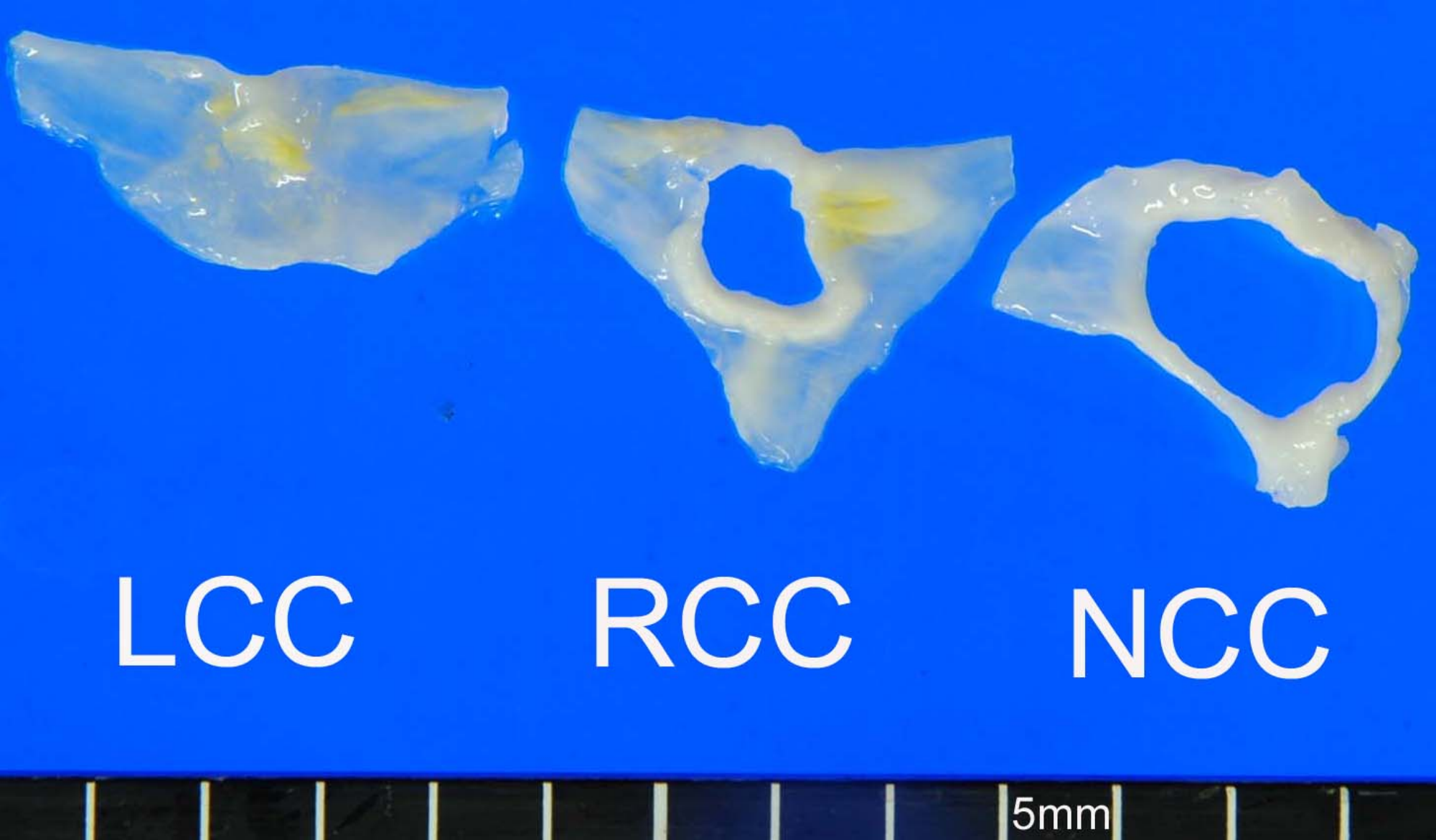
We report a rare case of severe aortic regurgitation (AR) associated with Libman-Sachs endocarditis. A 40-year-old female had a 6-year history of systemic lupus erythematosus and had been treated with an immunosuppressive regimen of steroid. At the age of 34, she suffered cerebral infarctions associated with Libman-Sachs endocarditis. Since that time, severe AR was identified; a specific etiology, such as vegetation, could not be detected for her severe AR using trans-thoracic echocardiography. However, circular defects were observed at the noncoronary cusp (NCC) and right coronary cusp (RCC) of the aortic valve using transesophageal echocardiography (Picture 1). She underwent AVR with an 18-mm ATS-AP valve. During the operation, there were huge apertures present at the NCC and RCC as demonstrated by echocardiography. The histology of these valves showed myxoid degeneration with perforation and a diameter of 10 mm (Picture 2).

Picture Legends

Picture 1. Transesophageal echocardiography (TEE) showing circular defects at noncoronary cusp (NCC) and right coronary cusp (RCC) of the aortic valve (yellow arrows).

Picture 2. The histology of the removed valve. LCC, left coronary cusp; NCC, noncoronary cusp; RCC, right coronary cusp;




LCC
RCC
NCC
5mm