

[ PICTURES IN CLINICAL MEDICINE ]

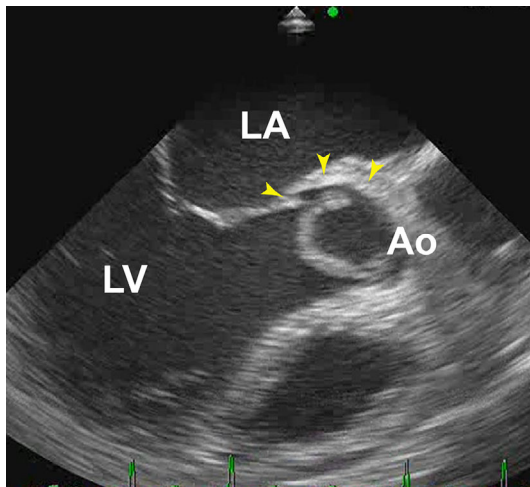
## Aortic Valve Infective Endocarditis with an Annular Abscess

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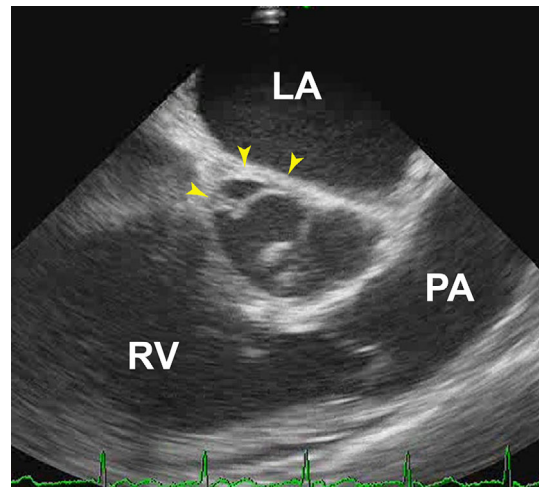
**Key words:** infective endocarditis, annular abscess, atrioventricular block

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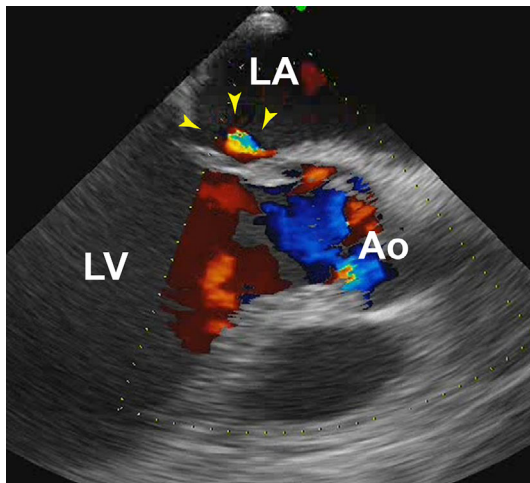
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Picture 1.



Picture 2.



Picture 3.

tion at the aortic valve. Infective endocarditis was diagnosed, and antibiotic therapy was initiated. Although the infection and heart failure were controlled, at approximately two weeks after the antibiotic therapy initiation, a second-degree atrioventricular block was observed. Transesophageal echocardiography revealed an annular abscess extending to the non-coronary cusp annulus (Picture 1, 2) that also communicated with the left atrium (Picture 3). We performed abscess debridement, annulus and defect reconstruction with a bovine pericardium patch, and aortic valve replacement using a mechanical valve. The patient recovered without any recurrent infective endocarditis or heart failure symptoms. Even today, annular abscesses are serious complications of infective endocarditis (1). It is important to select an appropriate treatment strategy, including surgical planning, in order to precisely diagnose the existence and extension of the abscess preoperatively.

**The authors state that they have no Conflict of Interest (COI).**

A 45-year old man was referred to our hospital because of a fever. His blood culture revealed a *Streptococcus pneumoniae* infection; ultrasound cardiography recorded vegeta-

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