

Rupture of a Sinus Valsalva Aneurysm: A Rare Case that Remained Asymptomatic for a Long Time

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Clinical Image

A 37-year-old asymptomatic male patient presented to the cardiology outpatient clinic for a routine checkup. His medical history revealed that he had been diagnosed with aortic coarctation and a ruptured sinus of Valsalva aneurysm (SOVA) 19 years prior; it was noted that surgery for the aortic coarctation was scheduled first, followed by surgery for the SOVA six months later. It was learned that despite having a ruptured SOVA, the patient, who had been attending routine follow-ups after his aortic coarctation surgery, had refused the surgery. The patient, who was taking candesartan, amlodipine, and metoprolol for hypertension, had no complaints. It was also learned that the patient was an amateur soccer player and played soccer for approximately 60 minutes once a week without any restrictions. On physical examination, a continuous murmur was auscultated in the right parasternal region. Transthoracic

and transesophageal echocardiography revealed an aneurysmal dilatation measuring 13x13 mm in the right sinus of the aorta and a distinct flow from this aneurysm into the right atrium, as demonstrated by color Doppler (Figure 1). Surgical treatment was recommended to the patient, but he declined; the patient has been asymptomatic and under follow-up for approximately one year.

Sinus of Valsalva aneurysm is a rare clinical condition, and the presence of a ruptured but chronically asymptomatic aneurysm is exceptionally uncommon. Accurate diagnosis can be established through echocardiography, coronary angiography or computed tomography. Even in the absence of rupture, aneurysms associated with severe symptoms or rapid enlargement should be surgically repaired to prevent life-threatening complications.

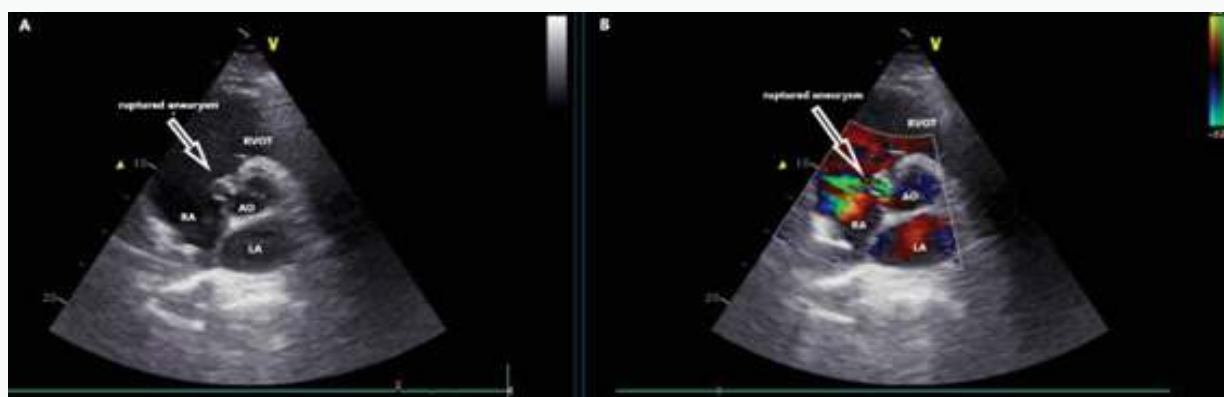


Figure 1: Parasternal short axis view of the transthoracic echocardiogram. The white arrow indicates the aneurysm (A) and shunt from the aorta to the right atrium (B).