Valve case

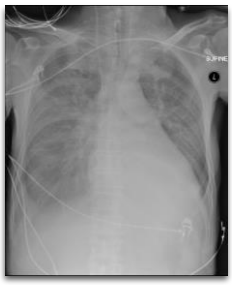
Stephen Glen

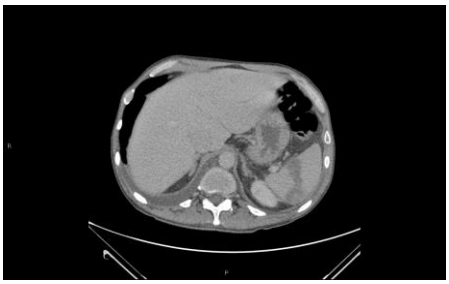
58 yrs, male

- Manual worker with large distillery company
- Flu like illness
- 10 days prior to admission had work related injury
- No previous medical history

Assessment

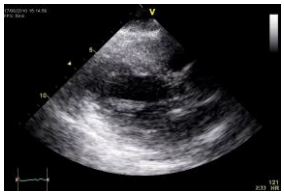
- Unwell
- Pyrexial, BP 148/48, p 124/min
- HS I + II + ESM
- Abdo tender - esp left and right hypochondria
- WCC 18, CRP 170, urea 17, creat 280

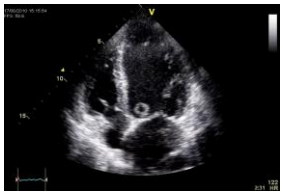


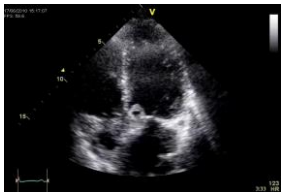


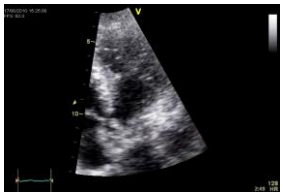
Referred to cardiology

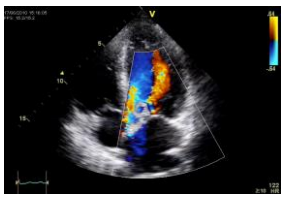
- “shocked patient” ?cause
- Collapsing pulse
- Bilateral splinter haemorrhages
- HS I + II + ESM + EDM
- Chest rocking
- GCS 13/15
- Diffusely tender abdomen











What do you think has happened?

1. Acute aortic dissection
2. Flail aortic valve due to endocarditis
3. Ruptured aortic valve
4. Aortic valve perforation with large vegetation
5. Unsure

Long-Term Survival on Medical Therapy Alone after Blunt-Trauma Aortic Regurgitation:

Report of a New Case with Summary of 95 Others

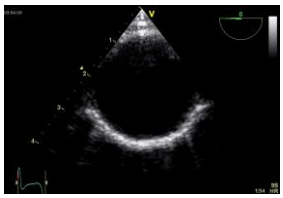
TABLE III. Cardiac Injuries in the 95 Patients Who Had Traumatic Aortic Regurgitation

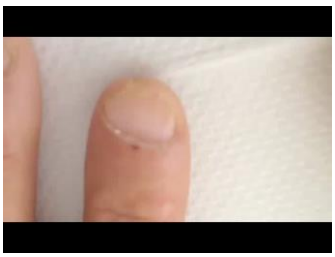
Injured Structure	No. (%)
RCC	23 (24)
LCC	71 (75)
NCC	15 (16)
NCC and LCC	14 (15)
LCC and NCC	3 (3)
LCC and RCC	2 (2)
All 3 cusps	3 (3)
Excised aortic valve	3 (3)
Papillary muscle	1 (1)
Unspecified	4 (4)

LCC = left coronary cusp; NCC = noncoronary cusp; RCC = right coronary cusp

Clinical course

- Renal failure
- Splenic and hepatic infarcts
- 21mm aortic homograft with exclusion of abcess cavity with autologous pericardium
- Right middle cerebral infarct
- Three cerebral abscesses
- Six months of intravenous antibiotics






BRORA
32
LAGAVULIN
ROSEBANK
21
PORT ELLEN
KNOCKANDO
PORT DUNDAS
20