IMAGE FOCUS

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The puzzle of para-aortic mass

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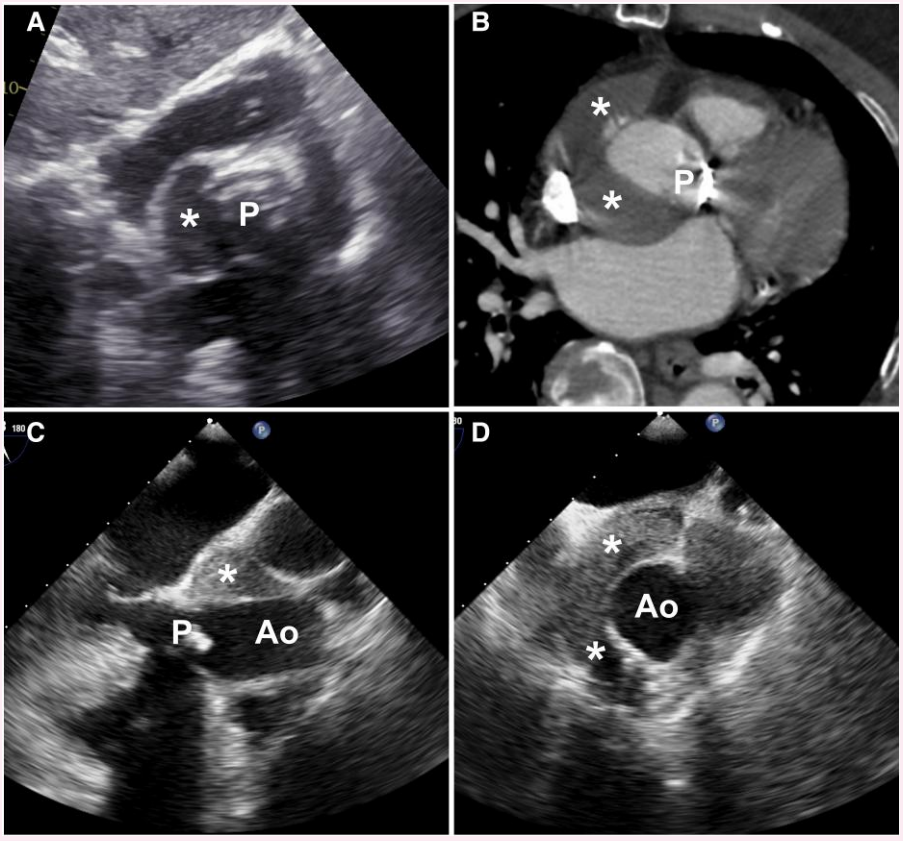
A 77-year-old woman underwent a surgical aortic valve replacement (SAVR) with St. Jude Medical Biocor 21 mm prosthesis (P) due to symptomatic severe aortic stenosis (peak velocity 4.6 m/s, mean gradient 54 mmHg, aortic valve area 0.92 cm^2). During a routine follow-up visit after 6 years, the patient had no complaints, and all her vitals were normal. Routine transthoracic echocardiography revealed para-aortic masses of unknown aetiology (*Panel A*, asterisk). Measured effective orifice area (EOA) matched normal reference value of the implanted prosthesis; however, moderate patient-prosthetic mismatch (PPM) was confirmed (indexed EOA 0.8 cm^2/m^2). Initially, para-aortic abscesses, explaining increased trans-prosthetic gradients (peak velocity 4.6 m/s, mean gradient 47 mmHg) by ongoing active infectious process, were suspected. However, laboratory tests demonstrated no significant elevation of inflammatory markers. Differential diagnosis included aortic dissection. To rule out acute aortic syndromes, a computed tomography angiography was performed. No disruption of aortic wall was apparent, and para-aortic masses were confirmed (*Panel B*, asterisks). Transoesophageal echocardiography was consistent with normal prosthesis function and the same high trans-prosthetic gradients related to PPM. In addition, homogenous, normoechogenic, encapsulated semi-lunar para-aortic masses (15 mm thin) were observed anteriorly and medially to the aortic root (*Panels C* and *D*, asterisks). Based on these findings, the Multidisciplinary Valvular Team concluded that para-aortic masses are the conglomeration of unresorbed haemostatic fabrics (Johnson & Johnson NU-KNIT Absorbable Haemostats), used during SAVR. No urgent interventions were recommended at a time, and the patient was scheduled for regular follow-ups considering the possible necessity of TAVR in the future.



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