





fibrillation with pauses of 6-12 seconds. She was transferred to the coronary care unit and received 250mg iv aminophylline. The pauses diminished in frequency and duration and resolved over 48 hours. The WCC increased to 23,000, although the patient had been afebrile since admission.

The presence of AV prosthesis raised concerns about the possibility of an aortic annular abscess, which provoked an emergency transthoracic echocardiogram. This showed echo-free spaces around the aortic annulus not present on a previous study. Her antibiotic cover was changed to vancomycin and gentamicin and a transoesophageal echocardiogram confirmed the presence of the echo-free spaces adjacent to the aortic annulus with a sinus into the left atrium. The patient was immediately transferred to the regional cardiothoracic surgery centre but unfortunately died the next day.

This case emphasises the importance in patients with replacement cardiac valves of early consideration of the possibility of annular abscess when there is unexplained symptoms of malaise, weight loss, fatigue etc, as only urgent intervention can avoid the otherwise inevitable fatal outcome.

Features strongly suggestive of annular abscess are unexplained AV block and pericardial effusion.

## Reading list

Donaldson RM, Ross DM. Homograft aortic root replacement endocarditis for complicated prosthetic. *Circulation* 1984; 70

(suppl): I-178-81.

Kirklin JK, Kirklin JW, Pacifico AD. Aortic valve endocarditis with aortic root abscess cavity: surgical treatment with aortic valve homograft. *Ann Thorac Surg* 1988; 45: 674-7.

Zwischenberger JB, Shalaby TZ, Conti VR. Viable cryopreserved aortic homograft for aortic endocarditis and annular abscesses. *Ann Thorac Surg* 1989; 48: 365-70.

Karalis DG, Bansal RC, Hauck AJ et al. Transesophageal valve echocardiographic recognition of subaortic complications in aortic endocarditis. Clinical and surgical implications. *Circulation* 1992; 86: 353-62.

Brecker SJD, Jin XY, Yacoub MH. Anatomical definition of aortic root abscesses by transesophageal echocardiographic planning surgical strategy using homograft valves. *Clin Card* 1992; 86: 353-62.

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