

Case report

Cleft in aortic valve

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ABSTRACT

Congenital aortic valve cleft is a rare entity with scanty literature available. Cleft in aortic valve can be congenital, degenerative or age related. Sudden rupture of cusps can lead to severe aortic insufficiency requiring surgical intervention. With this we acknowledge a case where patient had aortic insufficiency due to cleft in right coronary cusp with perimembranous ventricular septal defect.

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Case detail

A 9 year old boy, who has been diagnosed recently as suffering from congenital ventricular septal defect and moderate aortic valvular insufficiency, has been admitted with complains of dyspnea NYHA class II and failure to thrive with no history suggestive of rheumatic heart disease or infective endocarditis. Two dimensional echocardiography was suggestive of moderate size perimembranous ventricular septal defect with left to right shunt, moderate aortic insufficiency. At surgery, the findings were confirmed; there was tricuspid aortic valve with cleft in right coronary cusp with no cusp prolapse, without any additional commissures (Fig. 1). The ventricular septal defect was closed with GORE-TEX® patch, continuous PROLENE® suturing while cleft in right coronary cusp was repaired with interrupted direct PROLENE® sutures (Fig. 2). Post-operative transesophageal echocardiography was suggestive of no flow across interventricular septum with trivial aortic insufficiency.

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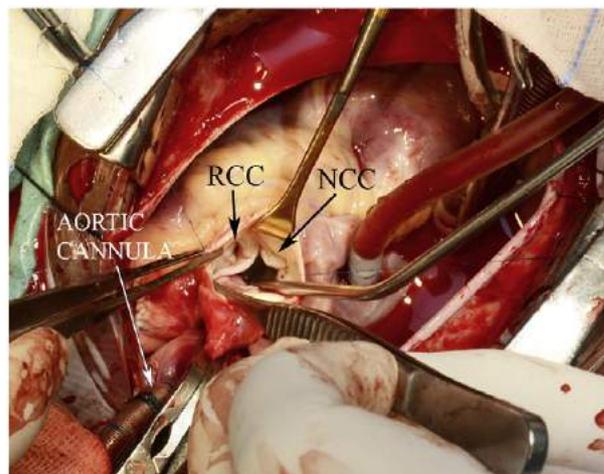


Fig. 1. Perioperative photograph demonstrating cleft in aortic valve right coronary cusp.

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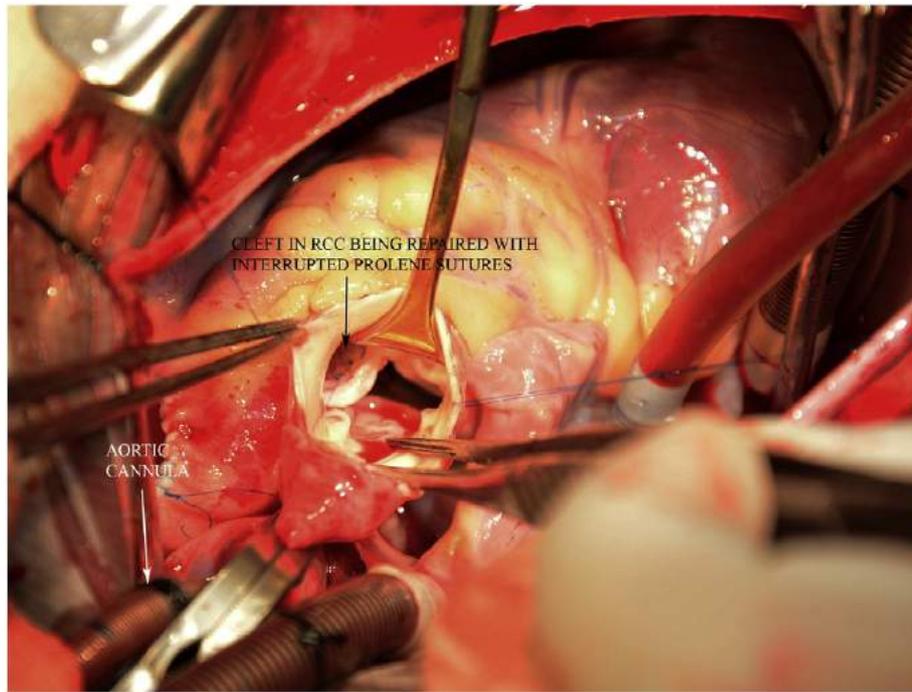


Fig. 2. Perioperative photograph demonstrating cleft being repaired with direct PROLENE® sutures.

Conflict of interest

None declared.