



## Images in cardio-thoracic surgery

### Acquired Gerbode defect after endocarditis

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A 35-year-old man was admitted on suspicion of endocarditis. Echocardiography detected vegetations at the base of the tricuspid septal leaflet, and a left ventricle to right atrial

shunt (Gerbode defect) (Fig. 1A and B). During surgery, a defect measuring 15 mm in diameter was found just below the right coronary to non-coronary commissure (Fig. 2A and B).

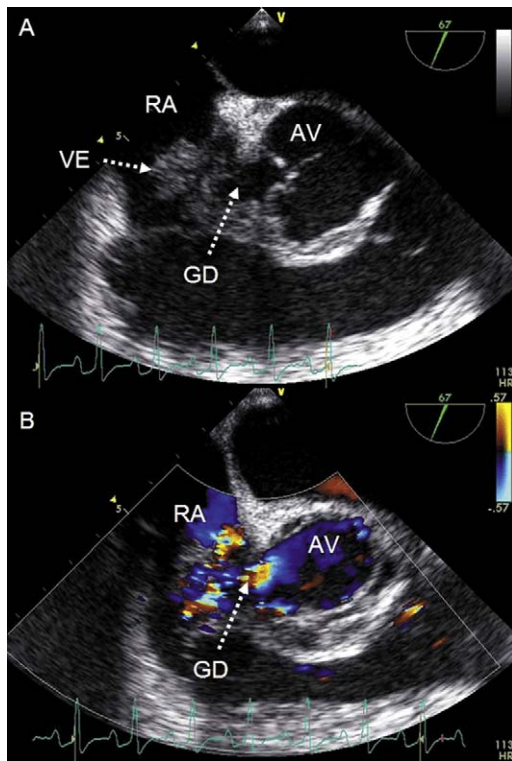


Fig. 1. Multiplane TEE without (A) and with colour Doppler (B) demonstrate the large left ventricle to right atrial communication (Gerbode defect), with vegetations at the base of the tricuspid septal leaflet. AV, aortic valve; GD, Gerbode defect; RA, right atrium; VE, vegetation.

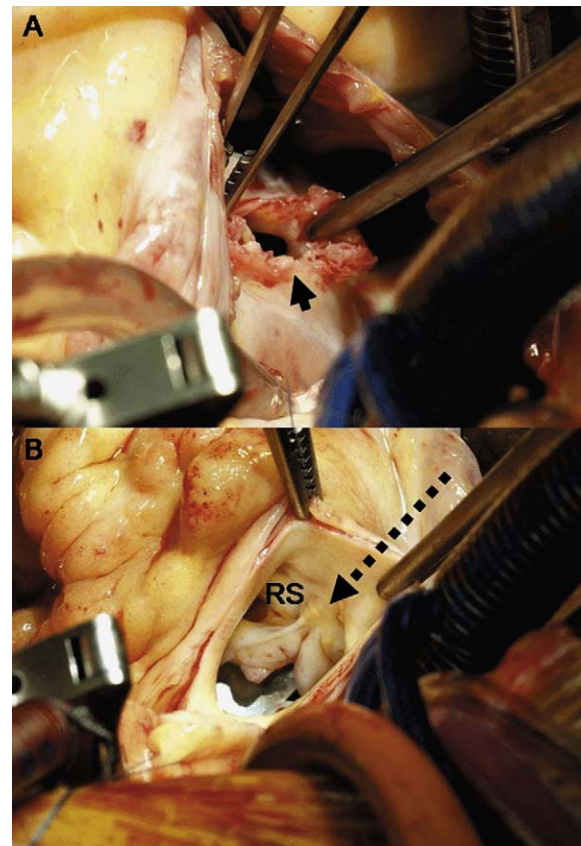


Fig. 2. Intra-operative view through the opened right atrium (A) and the aortotomy (B). There is a large defect at the base of the tricuspid septal leaflet (arrow) with vegetations (A). A surgical spatula within the defect (introduced from the right atrial side) demonstrates the communication (dashed arrow) to the left ventricle just below the right coronary to non-coronary commissure (B). RS, right coronary sinus.

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