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Cardiac Surgery

An infected apical left ventricular aneurysm presenting as chest wall pulsatile mass



Bino John Sahayo*, Pradeep Kumar,
Parveen Kumar, Jacob Jose

Department of Cardiology, Christian Medical College, Vellore 632004,
Tamilnadu, India

Post closed mitral valvotomy left ventricle (LV) pseudoaneurysm is a rare entity and most common presentation is heart failure. We report a case of 48 year old gentleman who underwent closed mitral valvotomy in 1988 elsewhere, presented to our institution with history of sudden onset spontaneous pulsatile swelling of left chest wall. Transthoracic echocardiogram showed contained rupture of LV pseudoaneurysm with mild mitral stenosis and normal LV function. Cardiac MRI showed pseudoaneurysm of LV apex and chest wall mass bilobulated with intrathoracic and extrathoracic communication. Pseudoaneurysm of LV has thin streak of track with chest wall mass. He underwent emergency pseudoaneurysm repair and exploration of track. 300 ml of purulent partly pasty calcific material drained and send for analysis. We report this case for unusual presentation, to highlight importance of cardiac imaging for early diagnosis and early intervention for achieving better outcome.

Combining SYNTAX score with EuroSCORE II to predict in-hospital outcome after CABG surgery



Jimmy George*, Antony George, Prabhavathi Bhat,
Seetharam Bhat, C.N. Manjunath

Sri Jayadeva Institute of Cardiovascular Sciences and Research,
Bangalore, India

Objectives: This study was designed to evaluate the predictive ability of the combination of SYNergy between percutaneous

intervention with TAXus drug-eluting stents and cardiac surgery (SYNTAX) score and European System for Cardiac Operative Risk Evaluation score (EuroSCORE II) to predict In-hospital mortality after coronary artery bypass grafting (CABG).

Methods: Study was conducted at a tertiary level government hospital. Consecutive patients who underwent CABG surgery from 1st January 2014 to 31st December 2014 were retrospectively enrolled. Those whose coronary angiogram clips could not be accessed were excluded. SYNTAX score (SS) and EuroSCORE II (ESII) were calculated. Discrimination and calibration of SS and ESII for in-hospital mortality were assessed using C statistic and Hosmer–Lemeshow test. Median SS and ESII were noted and cohort was divided (LO ES, LO SS, HI ES, HI SS). Based on these 4 groups were defined group 1 – LO SS + LO ES, group 2 – HI SS + LO ES, group 3 – LO SS + HI ES and group 4 – HI SS + HI ES. These four groups were further divided to group A – LO ES + LO SS; group B – LO ES + HI SS or LO SS + HI ES; and group C – HI ES + HI SS. Logistic regression analysis was carried out.

Results: SS and ESII were calculated for 325 patients. In-hospital mortality was 6.8%. C statistic, for SS and ESII were 0.561 (95% CI – 0.410 to 0.713, $p = 0.339$) and 0.623 (95% CI – 0.509 to 0.737, $p = 0.054$) respectively. Hosmer–Lemeshow p value was insignificant for both (0.53 for SS and 0.547 for ESII). Combination of SS and ESII had C statistic of 0.581 (95% CI – 0.443 to 0.718, $p = 0.207$) and H–L test p value of 0.202. Group C had OR of 9.1 (95% CI – 1.01 to 74.6, $p = 0.04$) compared to Group A.

	n/%	% of mortality in each group	OR (odds ratio)	95% CI	p value
LO ES + LO SS (group A)	76/23.4	1.3	Reference		
LO ES + HI SS; LO SS + HI ES (group B)	175/53.8	7.4	6.02	0.733–46.86	0.087
HI ES + HI SS (group C)	74/22.8	10.8	9.1	1.01–74.6	0.04

LO – low, HI – high, ES – EuroSCORE, SS – SYNTAX score.

Conclusions: ESII, SS alone or in combination failed to accurately predict in-hospital mortality. Patients who had high SS with high ES had higher mortality.