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Aortopulmonary fistula complicating native aortic valve endocarditis

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A 41-yo male with history of bicuspid aortic valve and dilatation of ascending aorta (49 mm), was transferred from a peripheral hospital with staphylococcus aureus endocarditis. On day 4 he developed fulminant pulmonary edema with a continuous murmur best heard at the left second intercostal space and impressive cardiothoracic index augmentation. TTE revealed the presence of a large aorto-pulmonary fistula (A-PF), (figure 1, left), with left to right shunt during systole and diastole (figure 1, right), between the ascending aorta and the main pulmonary artery. Despite diuretic and antibiotic therapy with cloxacillin, gentamicin and cefazolin, the patient remained in class NYHA IV, soon became inotrope dependent and he progressively developed renal dysfunction. In the ICU unit he had an episode of ventricular fibrillation and was successfully defibrillated. He underwent emergent surgery with aortic valve and ascending aorta replacement. The fistula was closed using pericardial patch. Three years postoperatively he remains well. Aortopulmonary fistula is an uncommon but highly lethal condition if untreated. The etiology of acquired A-PFs includes aneurysm rupture, trauma, aortic dissections and infective endocarditis, most commonly of a prosthetic valve. Chest pain, dyspnea and intermittent hemoptysis are frequent symptoms whereas fulminant heart failure and low cardiac output syndrome may predominate the clinical picture as in our patient. Aortopulmonary fistula is an extremely rare complication of native valve endocarditis.

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