

An unexpected cause of right ventricular failure – an intruder in the right ventricular outflow tract

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KEYWORDS: right ventricular heart failure, foreign body, pulmonary valve insufficiency.

CITATION: *Cardiol Croat.* 2019;14(3-4):76-7. | <https://doi.org/10.15836/ccar2019.76>

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Case report: 56-year-old male patient was admitted due to fever of unknown origin. Upon admission, the patient was in bad general condition with high values of inflammatory markers in laboratory results and signs of right side heart failure. 12-lead ECG showed nonspecific conduction disorders. No signs of systemic disease have been found with extensive internal and diagnostic treatment. Scintigraphy with labeled leukocytes, as attempt to find origin of infection did not show any pathological accumulation. Coronarography excludes atherosclerotic changes in epicardial vessels. Transthoracic (TTE) and transesophageal (TEE) echocardiography described a visible hyperechogenic formation in a right ventricular outflow tract (RVOT), oriented towards pulmonic valve, 1.6 cm long and 0.3 cm wide (**Figure 1**). Right ventricle (RV) showed milder reduced systolic function, with signs of right-side congestion. There was moderate pulmonary valve regurgitation (PR 2+), and mild tricuspid regurgitation

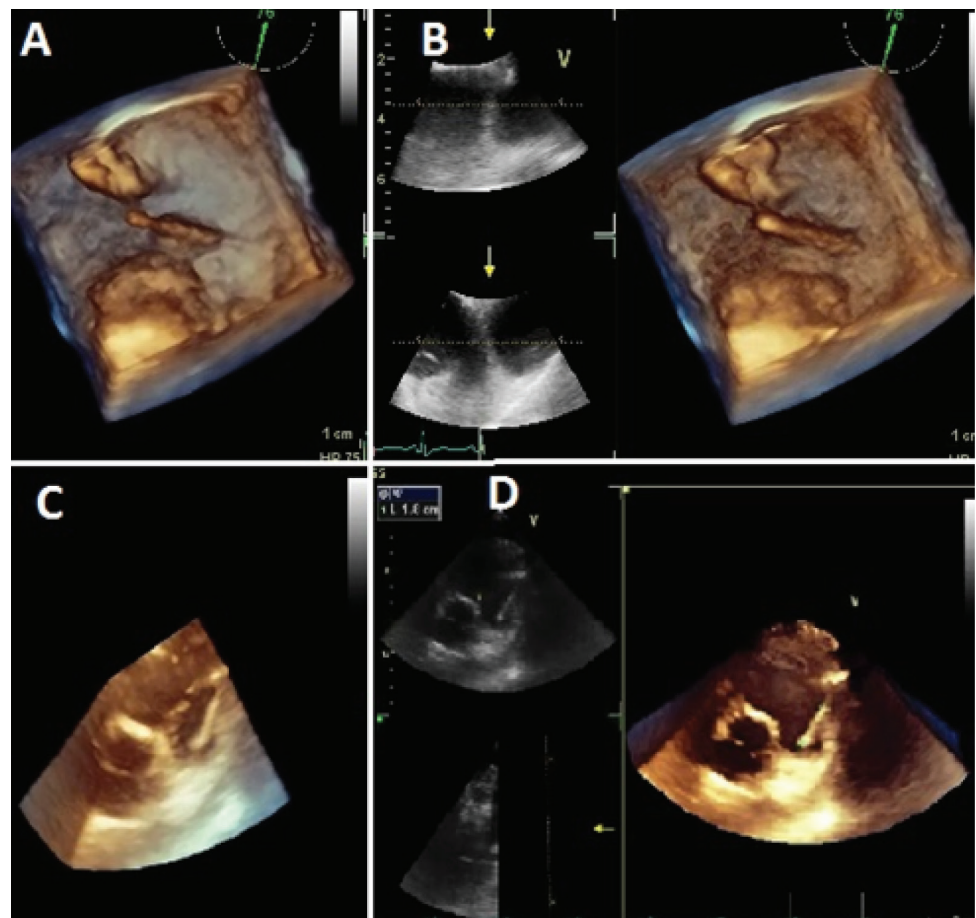


FIGURE 1. A, B 3D-Transoesophageal echocardiography of foreign body in right ventricular outflow tract. B, C 3D-Transthoracic echocardiography revealing foreign body in right outflow tract.

RECEIVED:
February 28, 2019

ACCEPTED:
March 24, 2019



