



## IMAGES IN INTENSIVE MEDICINE

### Persistence of bidirectional ventricular communication after myocardial infarction: Utility of contrast



### Persistencia de comunicación ventricular bidireccional tras infarto de miocardio: utilidad del contraste

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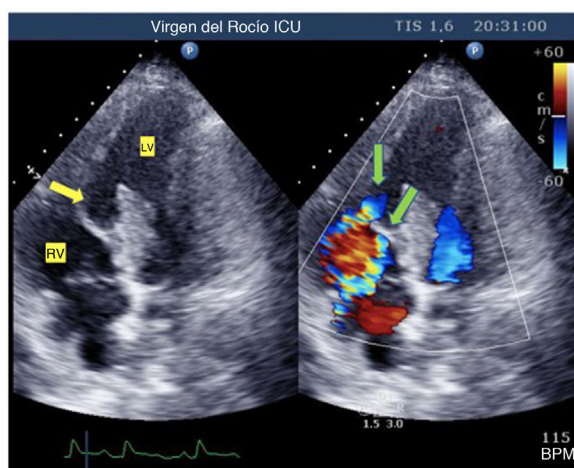


Figure 1

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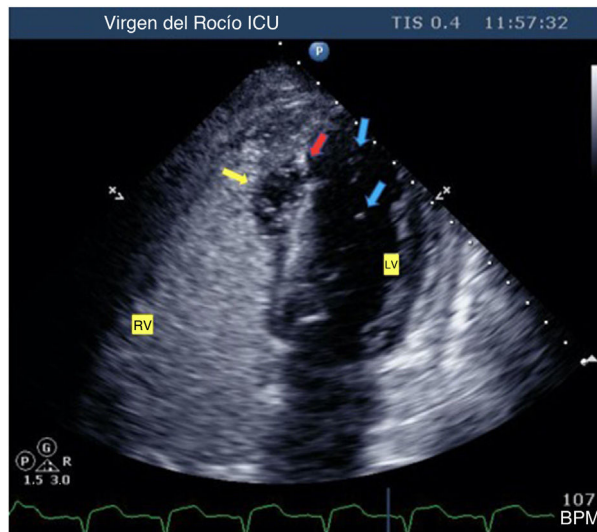


Figure 2

This is the case of a 67-year-old woman in cardiogenic shock after myocardial infarction with one pseudoaneurysm and ventricular septal defect (VSD): oblique arrangement, medial-anteroseptal to septo-apical (Fig. 1). After stabilization, it is repaired using a bovine patch. Echocardiographic controls confirm the presence of right ventricular (RV) dysfunction and persistent VSD with scarce diastolic refill of the pseudoaneurysm from the RV, and turbulent predominant systolic refill from the left ventricle (LV) draining into the RV through 2 different jets (Appendix B; video 1). The agitated saline echo testing confirms the presence of adiscrete pseudoaneurysm refill from the RV and fast washout of it from the LV, as well as the passage of a few bubbles from the RV into the LV (Fig. 2; Appendix B; video 2). The severe right dysfunction present complicates any new repairs. Yellow arrow: pseudoaneurysm; green arrow: VSD; blue arrow: bubbles in the LV; red arrow: patch. Ultrasound views: apical 4/5 chambers and modified.

### Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.medine.2022.07.022>.