[gw22-e0375] **PSEUDOANEURYSM OF THE MITRAL-AORTIC INTERVALVULAR FIBROSA: SEVEN CASES AND REVIEW**

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Purpose Pseudoaneurysm of the mitral-aortic intervalvular fibrosa (P-MAIVF) is a rare but potentially fatal complication of infective endocarditis and aortic valvular surgery, and has been mostly described by case report. To better understand this disease, we summarised the echocardiographic features, etiology, clinical presentations, diagnosis, complications and outcome in patients with P-MAIVF.

Methods 151 patients with P-MAIVF including 7 cases in my hospital and 144 cases from literatures were comprehensive analysed.

Results In all of patients, pseudoaneurysm located to the MAIVF area, which were communicating with left ventricle outflow tract (LVOT). The cavity displayed to expand during systole and collapse during diastole. Color Doppler examination revealed blood flow from LVOT into cavity during systole and flow from cavity into LVOT during diastole. In 43.3% cases, the diameter of the pseudoaneurysm was ranged from 0.7 cm to 12 cm (median 3.0 cm). Endocarditis and aortic valve surgery were the most frequently causative factors. Symptoms of endocarditis and infection, chest pain, heart failure or dyspnea, and cerebrovascular accidents and systemic embolism accounted for 75% of clinical presentations. The formation of a fistulous tract, coronary artery compression and ruptured into pericardium were important complications. Transthoracic echocardiography (TTE) confirmed 62%patients, while transesophageal Echocardiography (TEE) indentified all of patients in which were used. TEE was superior to TTE in identifying P-MAIVF. Surgery was the treatment of choice. P-MAIVF repair with aortic valve replacement was the most common type of surgery.

Conclusions P-MAIVF has associated with endocarditis and aortic valve surgery, the most distinct echocardiographic feature of pseudoaneurysm is the marked pulsatility with systolic expansion and diastolic collapse. P-MAIVF is detected more frequently by TEE compared with TTE. Surgical repair is the recommended treatment.