

Aortic Regurgitation — Bounding Carotids



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A 66-YEAR-OLD MAN WITH A MEDICAL HISTORY NOTABLE ONLY FOR locally treated prostate cancer presented with a two-month history of dyspnea on moderate exertion and repeated episodes of angina with mild effort or at rest. He came to the emergency room with exertional dyspnea that had worsened during the preceding week. There were no features of Marfan's syndrome. The blood pressure was 164/49 mm Hg (with a pulse pressure of 120 mm Hg), the radial pulses were bounding (Corrigan's pulse), and the carotid pulses were prominent (Video Clip). Cardiac examination revealed decreased S1 and increased S2 intensity, with a grade 2/6 systolic murmur and a grade 3/6 diastolic murmur along the left sternal border. Echocardiography showed a dilation of the aortic root, annuloaortic ectasia, severe aortic regurgitation, and mild tricuspid and mitral regurgitation. The left ventricle was enlarged, with an end-diastolic diameter of 90 mm, an end-systolic diameter of 61 mm, and an ejection fraction of 51 percent. Cardiac catheterization demonstrated normal coronary arteries. The patient underwent an aortic-valve replacement; the pathological specimens that were obtained showed cystic medial necrosis consistent with the degeneration of aging. The patient has done well, with full resolution of the dyspnea and angina.

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