

## Operative Diagnosis of Libman-Sacks Endocarditis

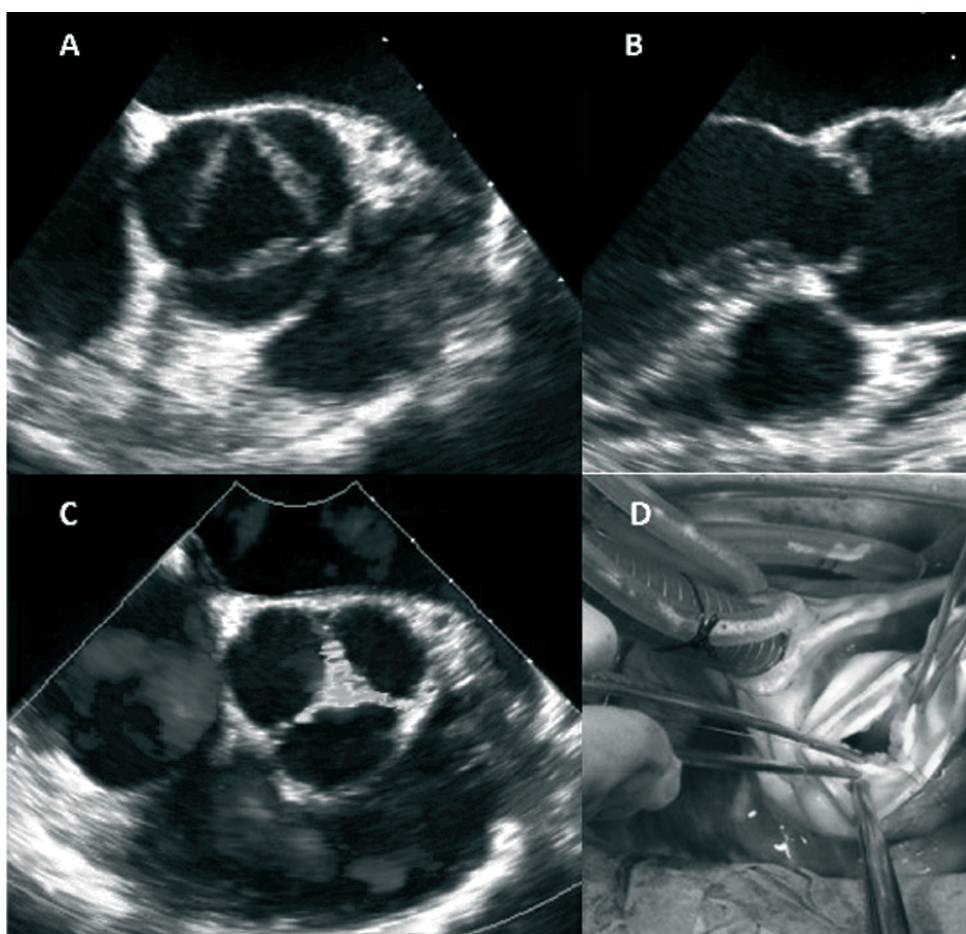
### *Diagnóstico quirúrgico de endocarditis de Libman-Sacks*

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A 39-year-old woman with a history of dyspnea on mild exertion was diagnosed with severe aortic regurgitation. A transesophageal echocardiogram showed a tricuspid aortic valve with thickened aortic leaflets (Panel A), and low coaptation height (Panel B), and color Doppler ultrasound confirmed severe aortic regurgitation (Panel C). A successful aortic valve replacement using a mechanical 23 CarboMedics (Sorin Group, Saluggia, Italy) prosthesis was performed. Surgery revealed that the aortic valve was tricuspid with fine verrucous vegetations along the edge and on the ventricular surface of the three leaflets (Panel D). Other options

of treatment were rejected in the operating room because of high suspicion of Libman-Sacks endocarditis, although the patient was a young woman without children. The biological prosthesis had a high probability of rapid degeneration, the Ross procedure is contraindicated in autoimmune processes, and valve repair was not possible. Histological findings were consistent with Libman-Sacks endocarditis and the patient was diagnosed with systemic lupus erythematosus.

**Conflicts of interest**  
None declared.



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