Vibrating heart

This is a surgical video of a patient with an ascending aortic aneurysm and severe aortic insufficiency (Fig. 1). On palpation of the heart, there was a significant thrill. When we recorded a video of the heart when the pericardium was opened, there was no visible abnormality (Video 1). We thought of taking a video in slow motion. On diastole, the heart was fibrillating (Video 2).

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Video 1. Video of the beating of the heart of a patient with severe aortic insufficiency.

Video 2. Video of the beating of the heart in slow motion.

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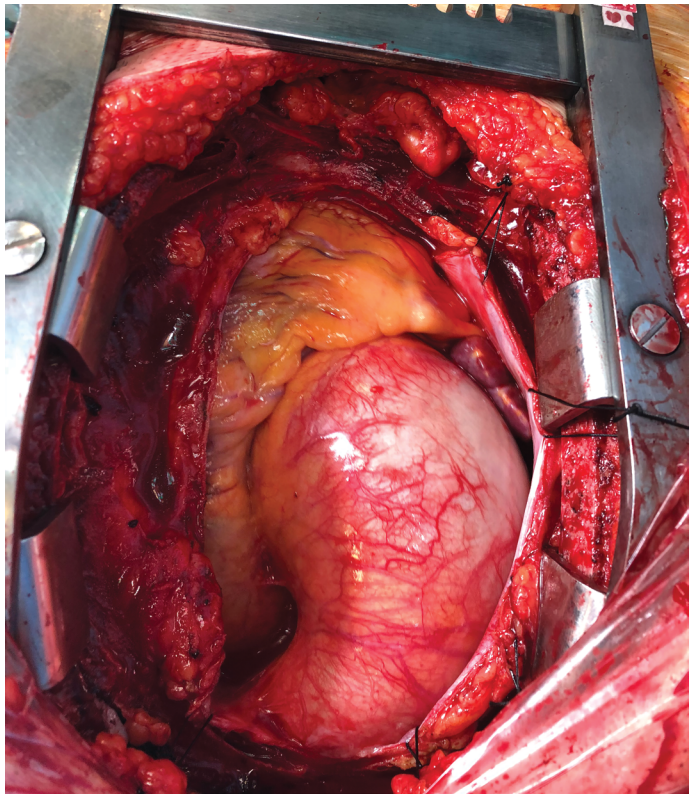

Figure 1. Surgical view of an ascending aortic aneurysm

Chronic thromboembolic pulmonary hypertension versus fibrosing mediastinitis

A 63-year-old woman with aggravating dyspnea was referred to our center. Her symptoms began three months ago and worsened throughout this period. She reported a history of breast cancer treated with mastectomy and chemoradiation

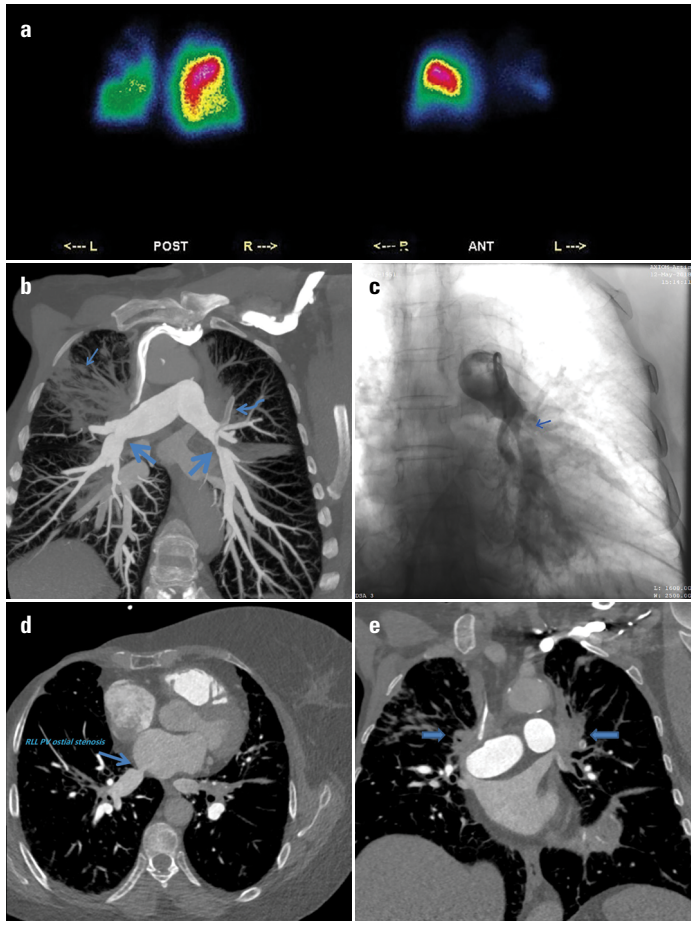

Figure 1. (a) Diffusely decreased radiotracer uptake in the left lung along with multiple wedge-shaped pleural-based segmental pulmonary perfusion defects in both lungs. Planar images from different angles (POST, posterior; ANT, anterior) (b) Oblique coronal reconstructed view of CT pulmonary angiography (CTPA). Remarkable post-radiation right upper lobe pulmonary fibrosis (thin arrow) accompanied by extensive mediastinal and bihilar fibrotic changes. Significant ostial stenosis of bilateral lower lobar arteries (thick arrows) as well as thromboemboli in left upper lobe segmental arterial branch (curved arrow). Complete occlusion of the right upper lobar arterial branch was noted. (c) Anterior–posterior view of pulmonary angiography. Significant ostial stenosis of the left lower lobe artery depicted in b (d) Oblique coronal reconstructed view of CTPA. Right side mastectomy and significant ostial stenosis of the right lower lobe pulmonary vein (RLL PV) (e) Coronal view of CTPA. Extensive bihilar post-radiation fibrosis with bilateral upper pulmonary vein occlusion (arrows)