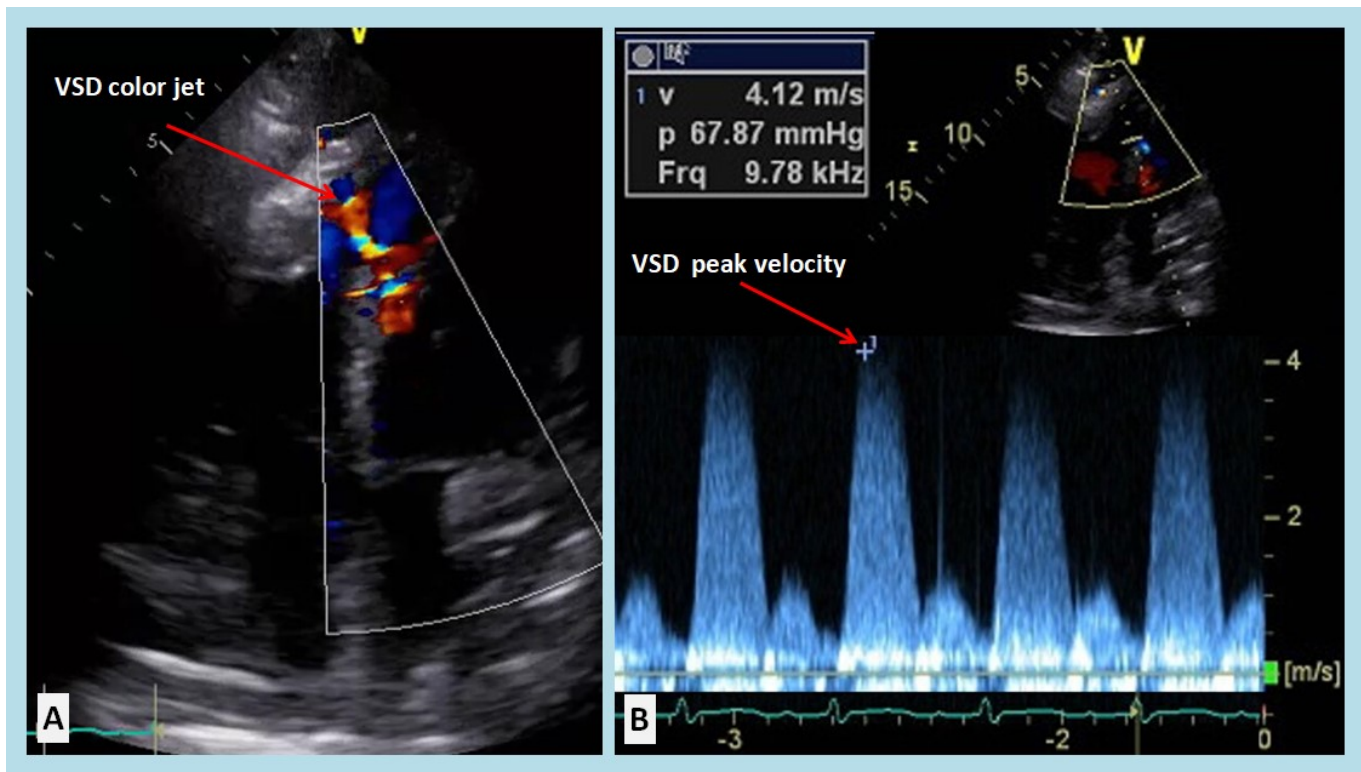


Traumatic VSD: A Stab Wound Sequel!

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Description

The 2-D apical 4-chamber transthoracic echocardiography (TTE) image with superimposed color-flow Doppler (A) and continuous wave spectral Doppler (B) reveals left-to-right shunting across the mid ventricular septum consistent with a ventricular septal defect (VSD). This was the result of a stab wound to the chest and was surgically patched without complications.

Discussion

Traumatic VSDs have been reported rarely in the setting of blunt trauma [1], but more commonly due to penetrating trauma [2]. Diagnosis can be challenging and may be missed by TTE [3], requiring a high index of suspicious and alternative diagnostic modalities.

Isolated VSDs due to penetrating trauma may be amenable to device closure, mitigating the risk of open heart surgery [4]. Delayed surgical repair has also been reported, to allow healing from the original trauma [5]. Post repair follow up with TTE surveillance is essential to assess for pulmonary hypertension and assure continued patency of repair and absence of dehiscence around the repair site [6].

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KEYWORDS: Ventricular Septal Defect; Trauma; Surgery; Percutaneous Repair.

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