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Images in Congenital Cardiac Disease

Coronary arterial *Aspergillosis*

Christopher W. Baird,[1] Peter Banks,[2] Yuliya Domnina[2]

[1]*University of Texas Southwestern Children's Medical Center at Dallas, Dallas;* [2]*Carolina's Healthcare System, Levine Children's Hospital, North Carolina, United States of America*

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CARDIAC INVOLVEMENT BY *ASPERGILLUS* REMAINS rare and most commonly occurs in the immunosuppressed and bone marrow transplant population.[1] A 3-week-old neonate whom had suspicions of necrotising enterocolitis developed a severe leukocytosis (40,000) and haemodynamic instability 10 days after arterial switch operation for D-transposition of the great arteries. The patient did not respond to maximal medical therapies – ionotrops and antifungals – and thus required extracorporeal support. The echocardiogram initially showed flow in both coronary arteries; but 10 hours later, there was no longer left coronary blood flow, and electrocardiograms showed acute low voltage wide complexes. Within 6 hours, the patient suffered asystole with no evidence of any coronary artery blood flow.

At autopsy, there was necrotising fungal pneumonitis and massive angioinvasive *Aspergillosis* of the right and left coronary arteries, which had produced thrombosis, micro abscesses, and extensive infarction of the myocardium. Histological analysis with Gomori methenamine silver stain (figure at ×40 magnification) showed large calibre branching, non-septated hyphae consistent with *Aspergillosis, which* was confirmed with cultures.

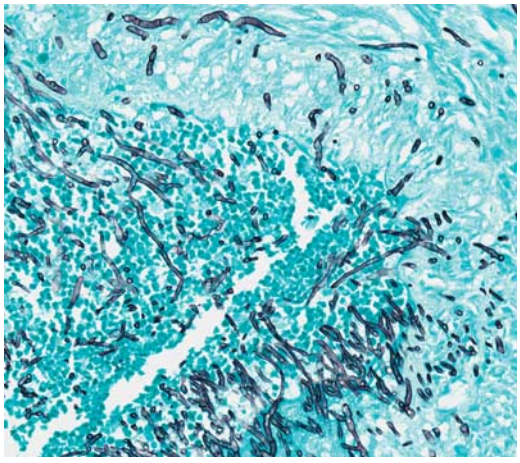

Figure 1

Children's Hospital, Department of Pathology, Charlotte, North Carolina, United States of America.

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Correspondence to: C. W. Baird, MD, University of Texas Southwestern Children's Medical Center at Dallas, 1935 Medical District Drive, Suite C3211, Dallas, Texas 75235, United States of America. Tel: 214 456 5000; Fax: 214 456 5015; E-mail: bairdc1@gmail.com

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