

Puzzling Cases to Learn from: Read with the Experts

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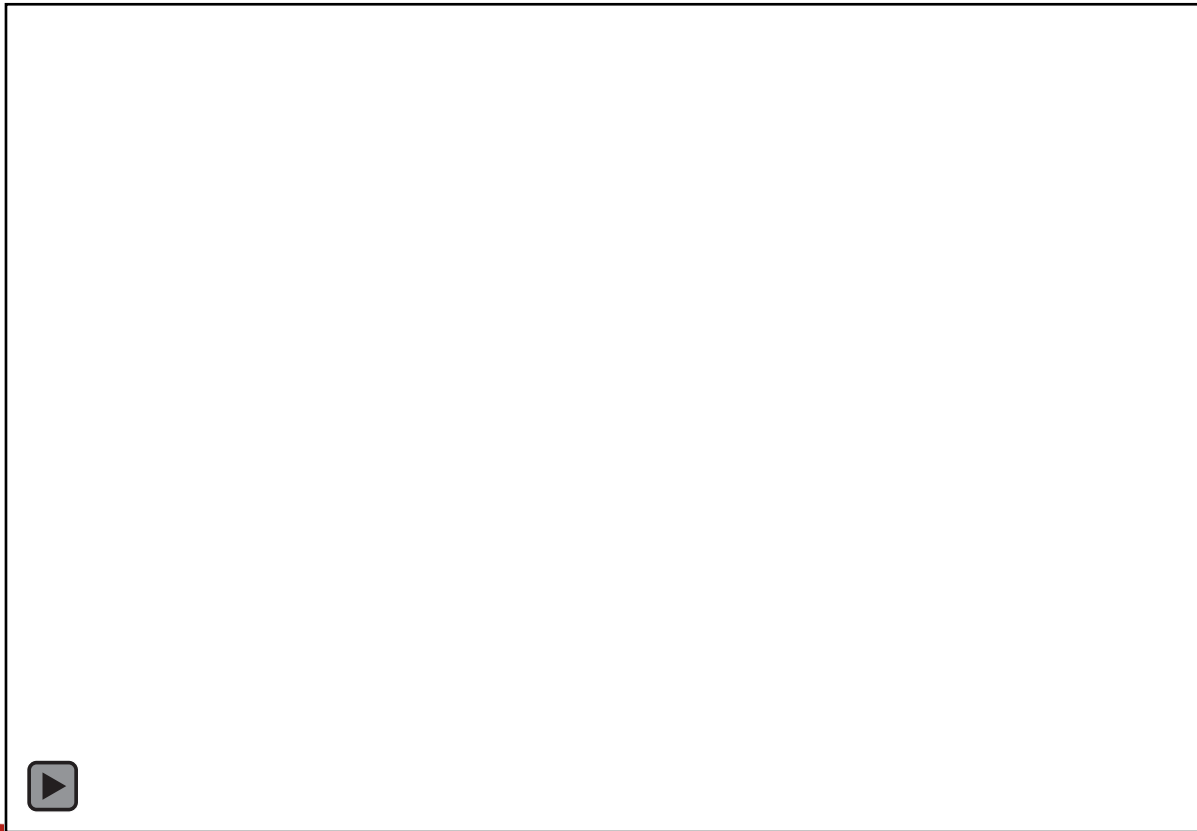
Duke University

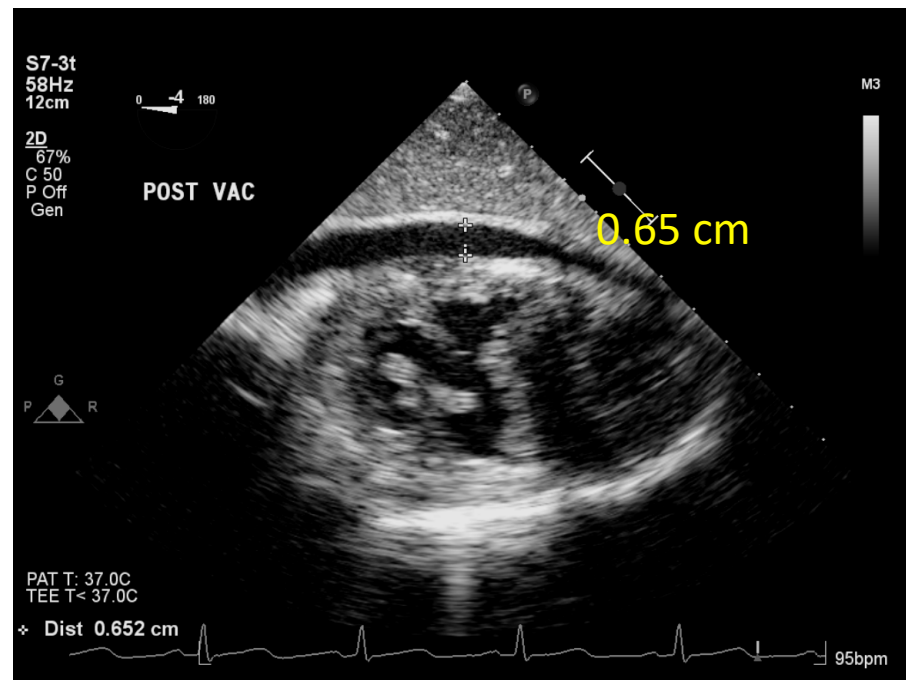
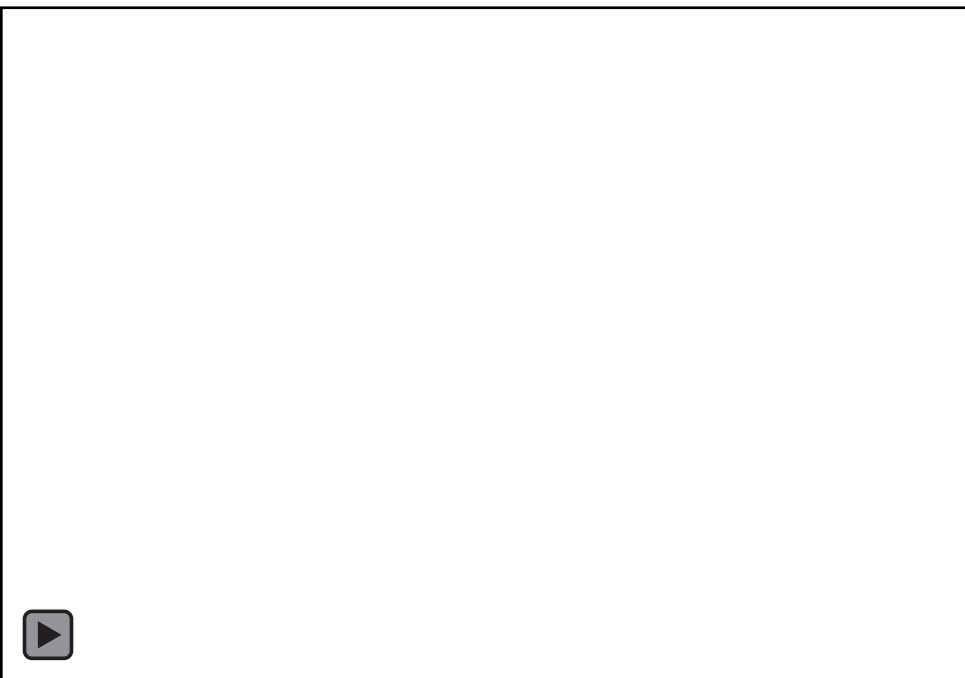
Divisions of Cardiothoracic and Critical Care Anesthesiology



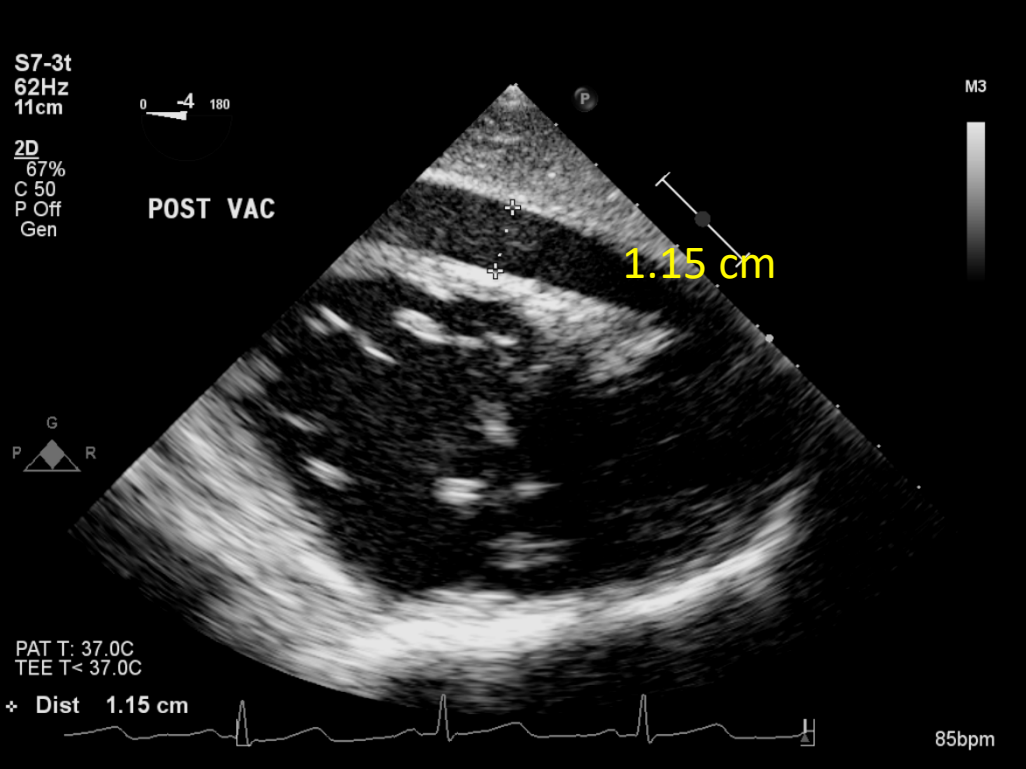
27yo female with h/o IVDU with MRSA bacteremia and tricuspid valve endocarditis

- **Planned Angiovac extraction of tricuspid valve vegetation**
- **Address Tricuspid Regurgitation in the future if patient able to avoid IVDU**





15 minutes later...

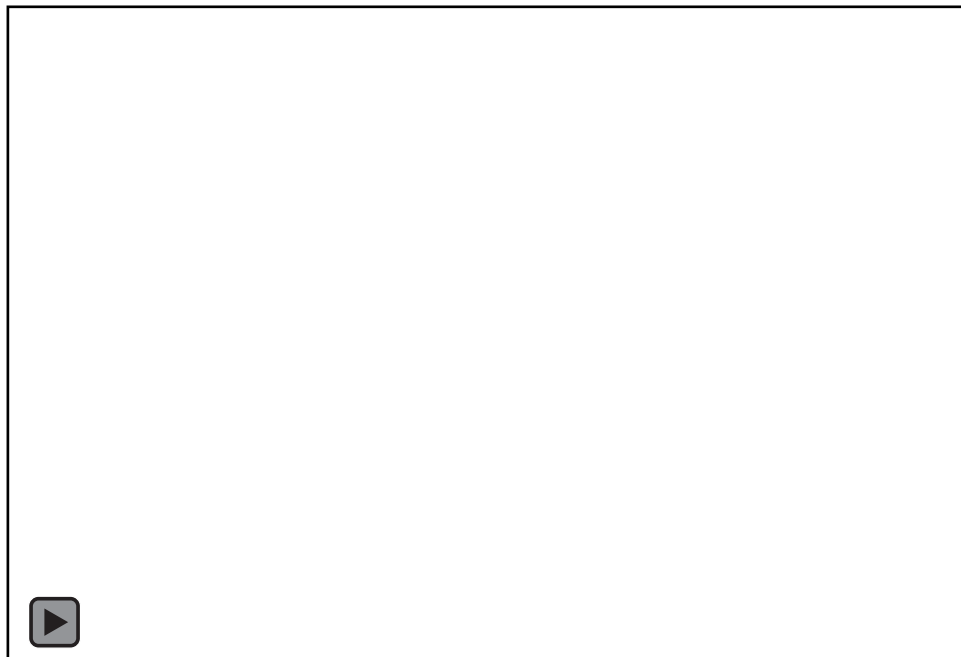
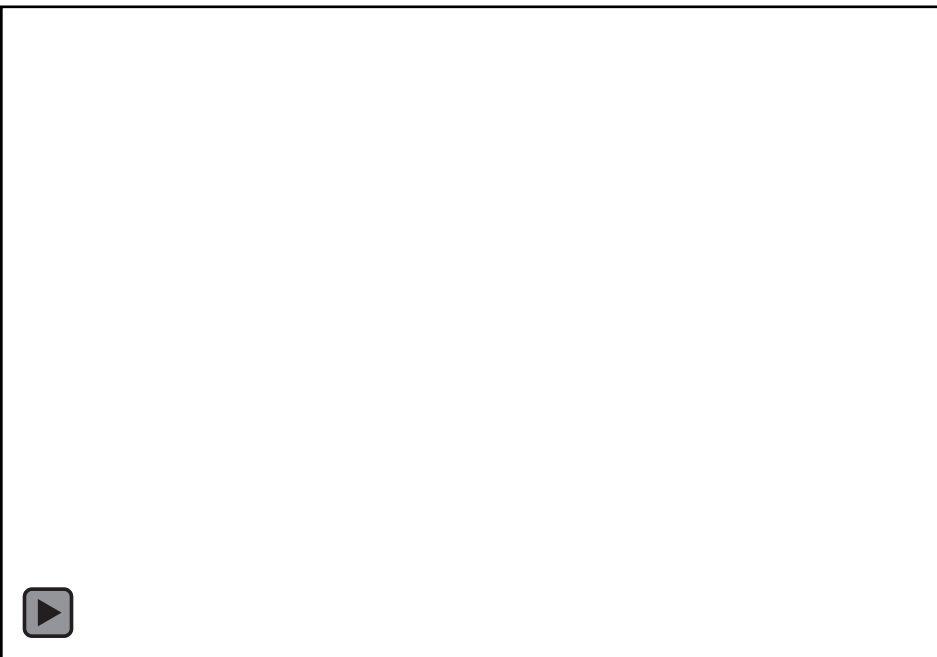


Surgeon called back to OR

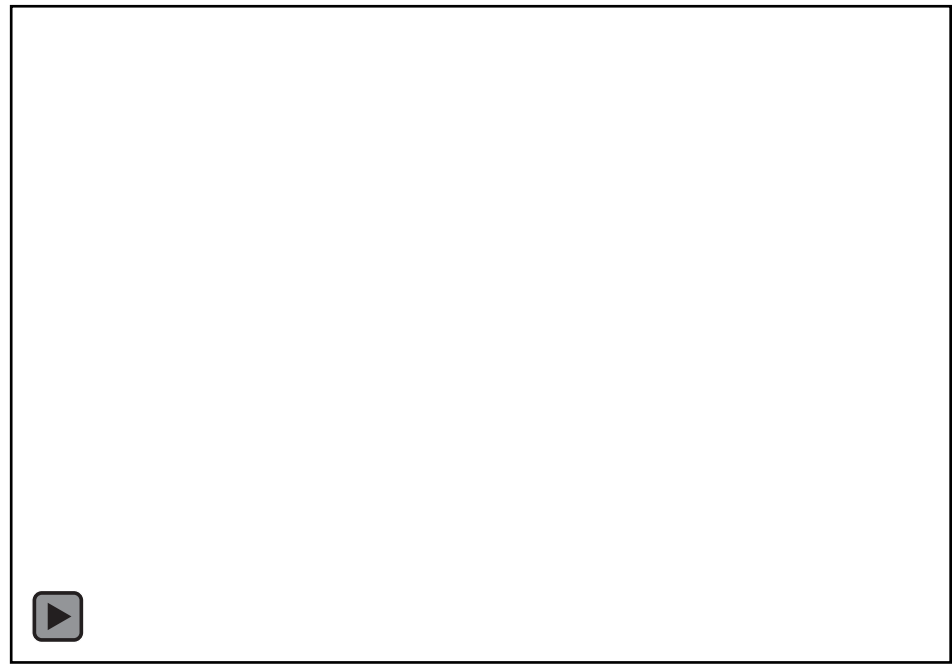
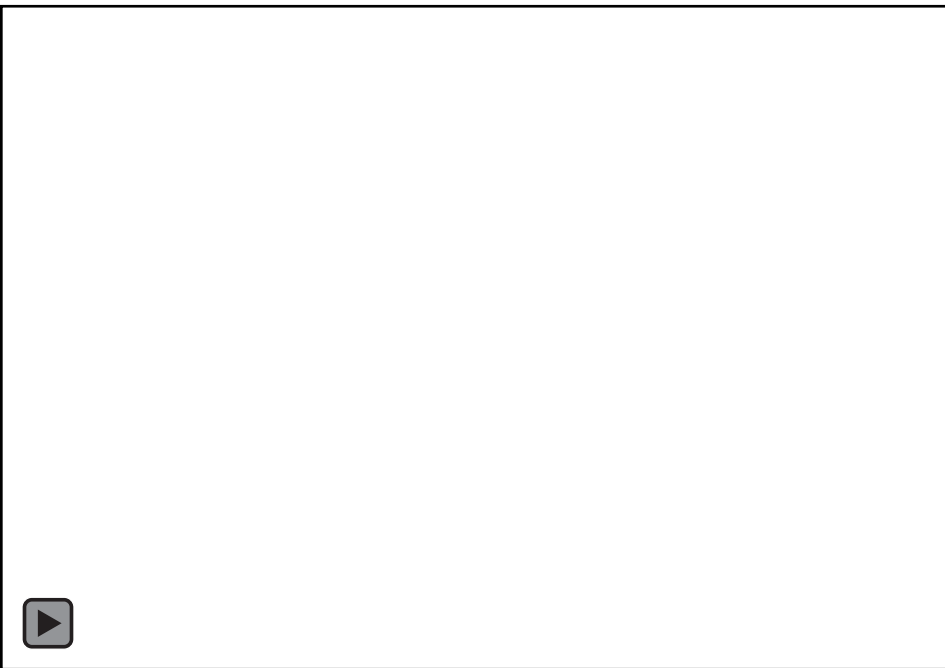
Surgeon requests TTE to guide pericardial drain



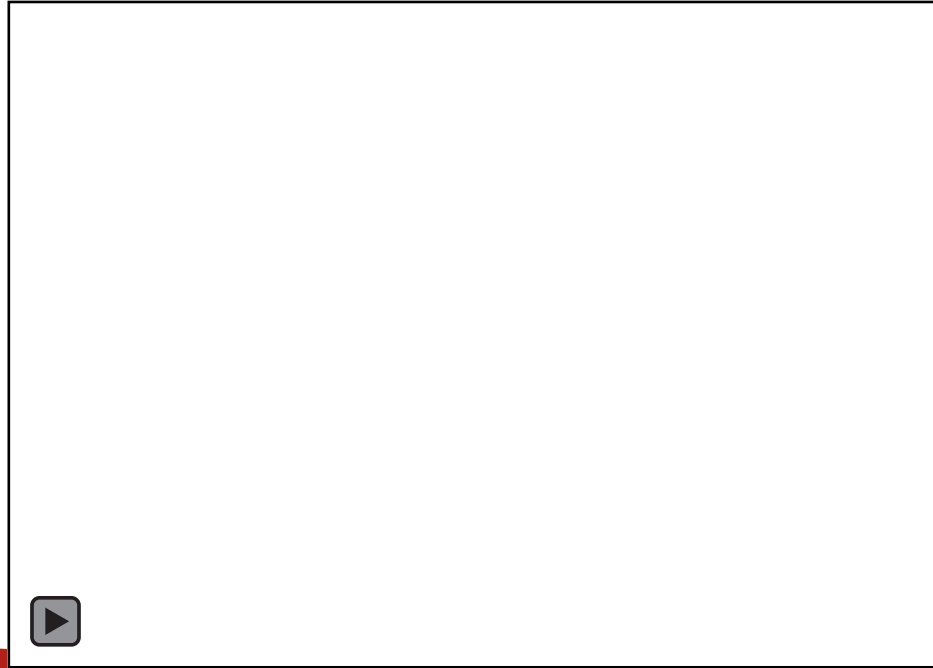
Surgeon: “Do you see my wire?”



Switch to TEE.....



Abort pericardial drain placement. Transition to pericardial window.



Key Points

- **Have a low threshold for diagnostic TEE in unstable patients**
- **Especially if TTE is impossible, impractical, or inaccurate**
- **TEE findings can change management in the majority of patients**