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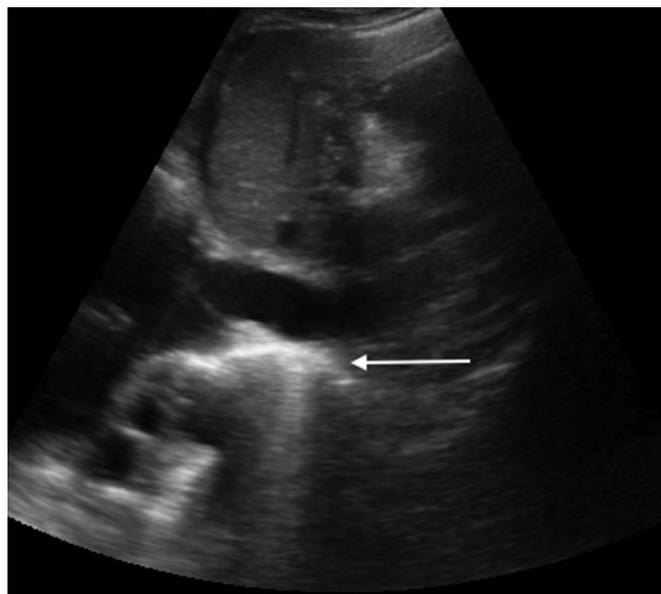
<https://doi.org/10.1016/j.annemergmed.2018.08.434>

Figure 1. Longitudinal abdominal aortic ultrasonography with acoustic shadowing (arrow) in the aorta superior to the renal arteries.

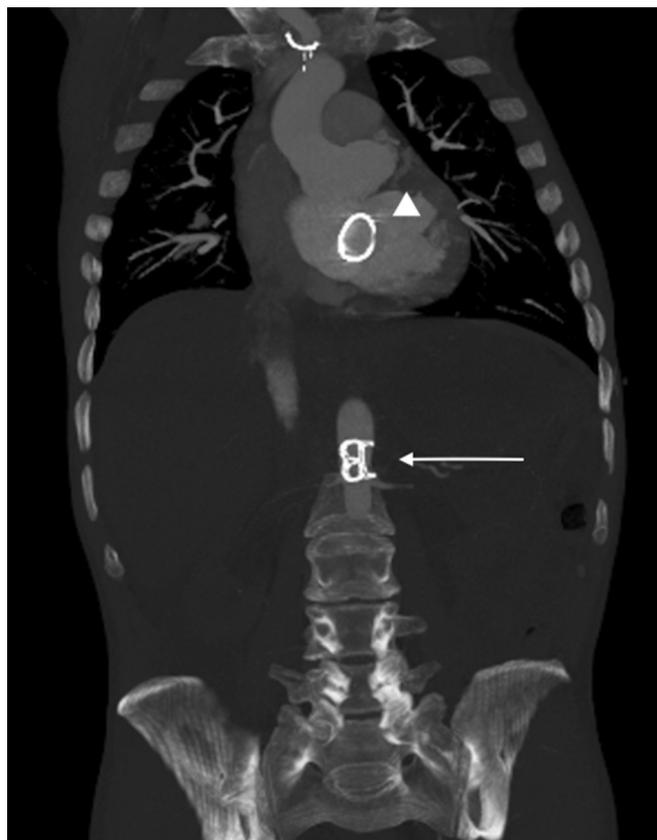


Figure 2. Coronal CT with the embolized aortic valve appearing as a reverse B (arrow) immediately superior to the takeoff of the renal arteries. Note the correctly positioned tricuspid valve (arrowhead).

[Ann Emerg Med. 2019;73:116.]

A 51-year-old man presented to the emergency department with 8 hours of diffuse abdominal pain. His history was noteworthy for remote prosthetic aortic and tricuspid valve replacements. He had a temperature of 37.2°C (99.0°F), a pulse rate of 120 beats/min, blood pressure of 93/45 mm Hg, and diffuse abdominal tenderness. Initial laboratory test results showed a WBC count of 13,000/mm³ (reference range 4,000 to 10,000/mm³) and a lactate level of 14.8 mmol/L (normal value <1.9 mmol/L). Bedside ultrasonography of the aorta (Figure 1 and Video E1, available online at <http://www.annemergmed.com>) revealed shadowing superior to the renal arteries. Contrast-enhanced computed tomography (CT) (Figure 2) demonstrated a tricuspid valve in the correct position and an aortic valve located in the aorta superior to the renal arteries.

For the diagnosis and teaching points, see page 132.

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The classic triad for bacterial meningitis consists of fever, nuchal rigidity, and change in mental status. Nevertheless, this triad may be absent in up to 50% of patients with meningitis¹¹; this is a rare presentation of pseudosubarachnoid hemorrhage caused by meningitis, in which the patient presented afebrile and with a normal neurologic examination result.

This case report, in addition to others, reminds emergency physicians to keep their differential broad and be highly wary of false-positive results on imaging studies. In patients who present with a headache and nuchal rigidity but an otherwise inconsistent clinical picture, even a “CT-confirmed” subarachnoid hemorrhage does not rule out the possibility of meningitis.

As a final reflection on the lessons of this case report, a mirage, in contrast to a hallucination, is a real optical phenomenon that can be captured on camera (or on CT).

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Authorship: All authors attest to meeting the four [ICMJE.org](http://www.icmje.org) authorship criteria: (1) Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; AND (2) Drafting the work or revising it critically for important intellectual content; AND (3) Final approval of the version to be published; AND (4) Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Funding and support: By *Annals* policy, all authors are required to disclose any and all commercial, financial, and other relationships in any way related to the subject of this article as per ICMJE conflict of interest guidelines (see www.icmje.org). The authors have stated that no such relationships exist.

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DIAGNOSIS:

Embolization of prosthetic aortic valve. Valve embolization is rare and typically observed as a complication of transcatheter aortic valve replacement. This generally occurs periprocedurally¹ and mandates immediate removal of the displaced valve.

The patient lost pulses in his lower extremities and was expeditiously taken to the vascular suite for endoscopic valve retrieval but deteriorated and ultimately experienced cardiac arrest.

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