**LEV’S DISEASE IN A YOUNG ADULT WITH BICUSPID AORTIC VALVE**

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**Background.** Complete heart block (CHB) has been reported in 0.02% of young asymptomatic individuals. Congenital cardiopathies, coronary artery disease, and infectious/autoimmune disorders are most common etiologies of CHB in this population. Calcific (degenerative) CHB is primarily found in the elderly. We present a 37 year old who presented with CHB due to calcific damage of the His bundle system (Lev’s Disease).

**Case presentation.** A 37 year old man presented with strangulated indirect right inguinal hernia. He also complained of dizziness. ECG showed sinus bradycardia with atrioventricular dissociation and a ventricular escape rhythm. His past history was significant for hypothyroidism. He denied recent travel, tick bites or rash and had no personal or family history of heart disease. Examination showed bradycardia, hypotension, grade 2/6 systolic murmur in aortic area and systolic ejection click. A temporary pacer was urgently placed via right internal jugular vein. Transthoracic and transesophageal echocardiography showed bicuspid aortic valve with subaortic calcification without evidence of endocarditis or myocardial abscess. Non-contrast Chest CT showed subvalvular calcification with extension into septal crest and fibrous trigone. The isolated calcific deposit was not contiguous with aortic valve. A permanent pacer was implanted.

**Discussion.** Lev’s disease, defined as idiopathic (degenerative, age-related) fibrosis/calcification of the proximal potion of the conduction system (bundle of His and bundle branches) is primarily a disease of the elderly and is commonly associated with systemic hypertension, coronary artery disease, mitral annular calcification and aortic valve sclerosis. Among younger individuals (age <60 years), isolated conduction system disease usually involves the peripheral portions of the bundle branches and may advance from isolated left anterior hemiblock or right bundle branch block to CHB (Lenegre’s disease). Isolated calcific degeneration of proximal conduction system in the young appears to be a unique condition. Its relationship to hypothyroidism and to bicuspid aortic valve remains uncertain.