

## Unusual combination of coronary artery, bilateral common carotid artery and left common iliac artery aneurysms

*Koroner arter, bilateral ana karotid arter ve sol ana iliyak arter anevrizmasının olağan dışı birlikteliği*

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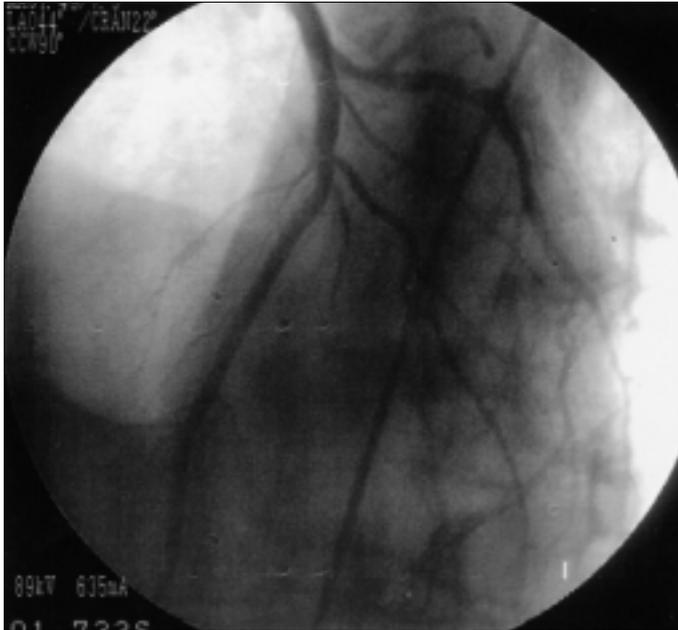
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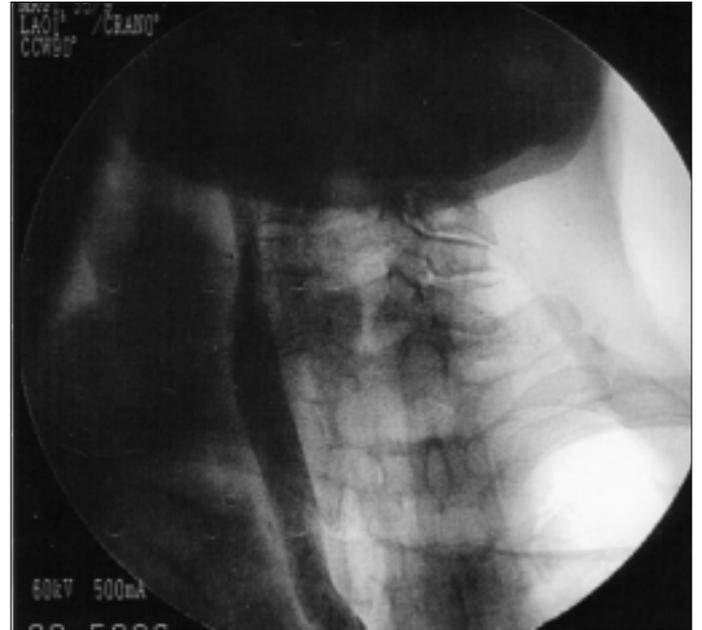
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A 74-year-old man with a history of high blood pressure, smoking, and cerebrovascular accident 6 months ago was admitted to our center for chest pain radiating to back. The blood pressure was 140/95 mmHg and pulse was 88/minute. Physical examination revealed an apical systolic murmur. Laboratory tests including evidence of Behcet disease, connective tissue disease, or autoimmune form of vasculitis were normal. Electrocardiography showed left ventricular hypertrophy findings. Chest X-ray revealed an increased cardiothoracic ratio with no pulmonary congestion. Echocardiography showed increased left ventricular diastolic and systolic dimensions (72mm/ 64mm) with low left ventricular ejection fraction (37%), increased septal and posterior wall thicknes-

ses (14mm/12mm), left atrial dimension (53 mm) and second degree mitral regurgitation. The patient underwent coronary angiography and bilateral carotid angiography due to history of cerebrovascular accident and aortography due to possibility of aortic dissection. The coronary angiography demonstrated multiple coronary aneurysms involving left main coronary, left anterior descending and left circumflex arteries, and occlusive disease of the both left and right coronary arteries (Fig. 1). Carotid angiography demonstrated the right common carotid artery aneurysm (Fig. 2) and left common carotid artery aneurysm (Fig. 3). Aortography demonstrated left common iliac artery aneurysm (Fig. 4). A successful percutaneous coronary intervention with coronary angi-



**Figure 1.** The left main coronary artery, left anterior descending artery and left circumflex artery aneurysm and occlusive disease of both the left and right coronary arteries



**Figure 2.** The right common carotid artery aneurysm



Figure 3. The left common carotid artery aneurysm

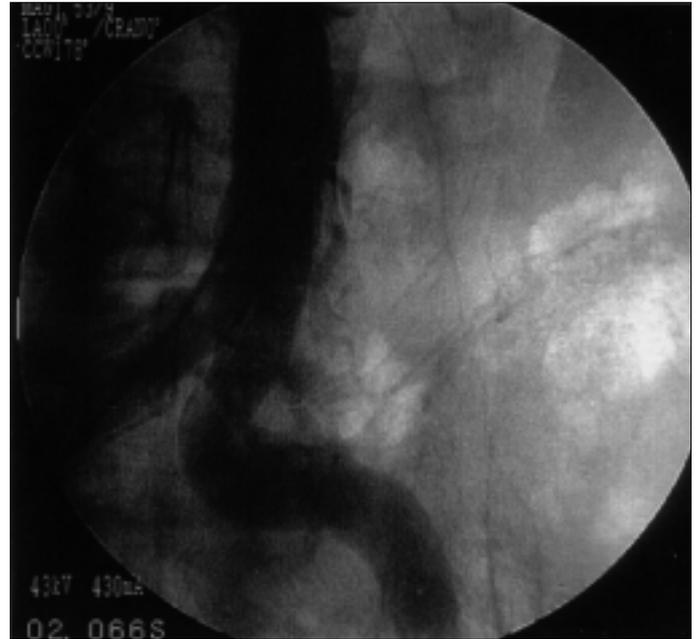


Figure 4. The left common iliac artery aneurysm

oplasty and stenting has been performed for 70% stenotic lesions of circumflex artery. Surgery was not considered for bilateral common carotid artery aneurysms and left common iliac artery aneurysm because patient did not accept surgical intervention and there was also a high surgical risk. The medical treatment has been applied for coronary and other peripheral aneurysmatic lesions.

Coronary aneurysms are uncommon and can exceptionally be associated with other aneurysmal localizations (1-5). Atherosclerosis is a predominant cause in the majority of patients as in our case.

## References

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