

Giant pseudoaneurysm caused by left ventricle free-wall rupture leading left to right shunting: a rare case

Soldan sağa şant oluşturan sol ventrikül serbest duvar yırtılmasının neden olduğu dev psödoanevrizma: Nadir bir olgu

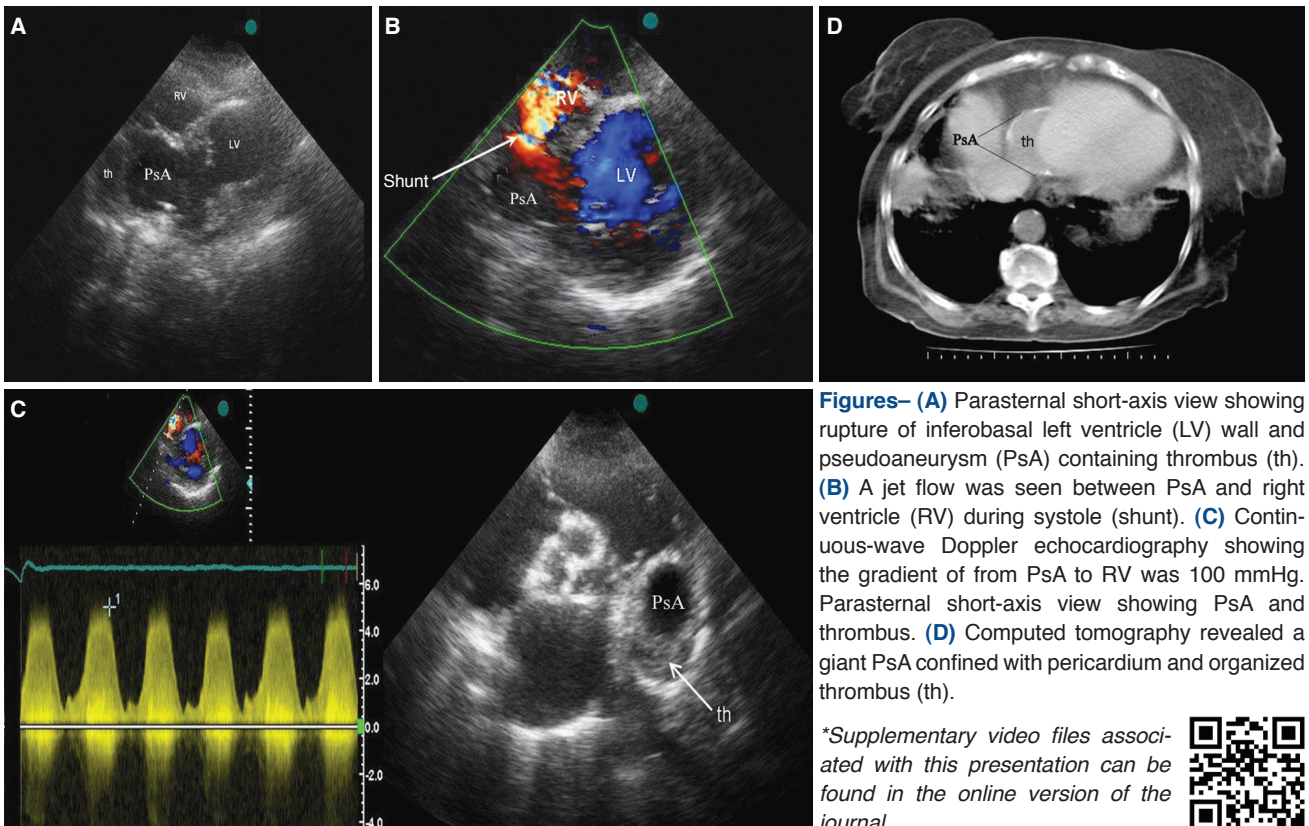
Adnan Doğan

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An 86-year-old woman was admitted to our department with dyspnea. She had a history of coronary artery disease and hypertension. She underwent coronary angiography three months ago in another hospital and given medical treatment. At the electrocardiography (ECG), there were Q-waves and T-wave inversions in II, III and aVF with sinus rhythm. Creatinine kinase-MB isoform and cardiac troponin T levels were normal. When she was admitted to our department, her blood pressure was 110/70 mmHg and heart rate was 94 beats per minute. Physical examination revealed holosystolic murmur at the left sternal border and minimal crackles in the basal region of the lung. Two-dimensional echocardiographic examination demonstrated hypokinesia at

inferior part and pseudoaneurysm (PsA) confined with pericardium and organized thrombus at the inferobasal part of the left ventricle (LV) (Fig. A, Video 1-3*). In addition, a jet flow was seen between PsA and RV during systole, thus indicating left-to-right communication (Fig. B, Video 4*). The gradient of from PsA to RV was 100 mmHg (Fig. C). LV ejection fraction was 58% by modified Simpson's method. There was moderate mitral regurgitation and systolic pulmonary artery pressure calculated from moderate tricuspid regurgitation jet was 70 mmHg. Computed tomography revealed a giant PsA confined with pericardium and organized thrombus (Fig. D). The patient transferred to another hospital for surgery. These cases may remain clinically silent until the development of heart failure and cardiogenic shock. Early recognition of these complications with echocardiographic examination and surgical repair are important mainstays in improving long-term survival.



Figures– (A) Parasternal short-axis view showing rupture of inferobasal left ventricle (LV) wall and pseudoaneurysm (PsA) containing thrombus (th). (B) A jet flow was seen between PsA and right ventricle (RV) during systole (shunt). (C) Continuous-wave Doppler echocardiography showing the gradient of from PsA to RV was 100 mmHg. Parasternal short-axis view showing PsA and thrombus. (D) Computed tomography revealed a giant PsA confined with pericardium and organized thrombus (th).

*Supplementary video files associated with this presentation can be found in the online version of the journal.

