

Giant pseudoaneurysm of the ascending aorta after left ventricular aneurysm surgery

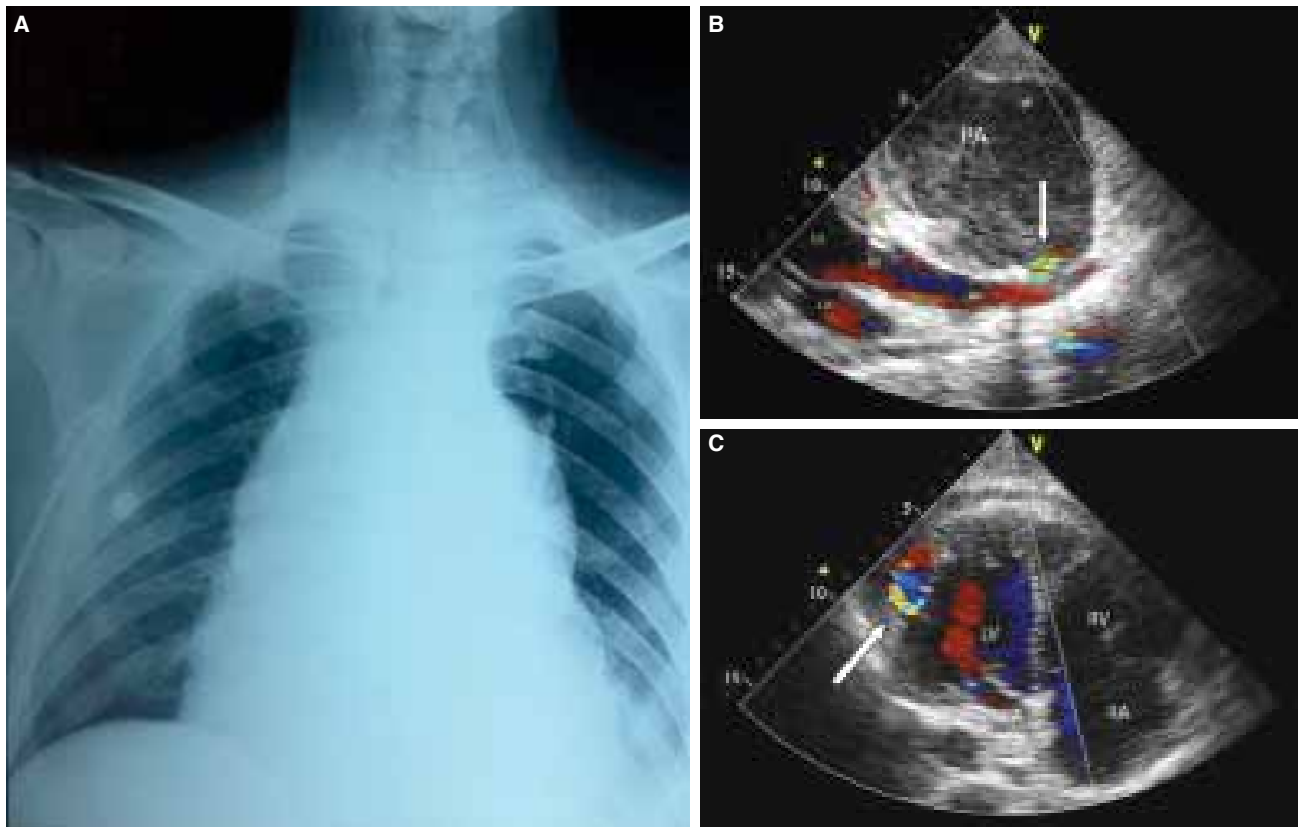
Sol ventrikül anevrizma cerrahisi sonrası çıkan aortada dev psödoanevrizma

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A 45-year-old male was admitted to our hospital with a history of progressive dyspnea and chest pain for a few days. He had undergone left ventricle aneurysmorrhaphy two months before. The physical examination revealed blood pressure of 70/50 mmHg, pulse rate of 116/min, and respiratory rate of 30/min. On cardiac auscultation, heart sounds were soft and a 1/6 diastolic murmur was heard at the left sternal border. An electrocardiogram showed sinus tachycardia. Chest X-ray showed enlargement of the mediastinum (Figure A). The transthoracic echocardiogram (TTE) revealed a flow pattern into

a pseudoaneurysm from the ascending aorta, which arose from the cannulation site of the previous surgery (Figure B, Video 1*) and an intraventricular flow pattern into a left ventricular aneurysm (Figure C, Video 2*). The pseudoaneurysm was 9.5x8.2 cm at its greatest anteroposterior and transverse diameters. After developing cardiogenic shock, the patient was transferred to the operating room. He collapsed after median sternotomy, and cardiopulmonary resuscitation (CPR) was started immediately. The patient did not respond to 45 minutes of CPR, and passed away. The present case is intended to emphasize that the postoperative period should be managed carefully in terms of aortic pseudoaneurysm development after cardiac surgery in patients with the propensity to aneurysm formation.



Figures– (A) Chest X-ray revealed enlargement of the mediastinum. **(B)** TTE demonstrated a pseudoaneurysm of the ascending aorta at the previous aortic cannulation site and the flow pattern into a pseudoaneurysm from the ascending aorta (arrow). **(C)** Intraventricular flow pattern into the left ventricular aneurysm (arrow). * *Supplementary video files associated with this presentation can be found in the online version of the journal.*