VIA MEDICA

IMAGE IN CARDIOVASCULAR MEDICINE

Cardiology Journal
2020, Vol. 27, No. 4, 437–438
DOI: 10.5603/CJ.2020.0117

ISSN 1897–5593

Multimodality imaging in the recurrence of left ventricular pseudoaneurysm after surgical correction

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A 61-year-old male, former smoker and diabetic patient with a previous medical history noted for an inferior myocardial infarction complicated with left ventricular free wall rupture that had been surgically corrected 6 years prior, presented to the cardiology unit complaining of a new-onset dyspnoea, orthopnoea and fatigue which had started over the month prior to presenting. The transthoracic echocardiography showed left ventricular enlargement with a depressed left ventricular ejection fraction of 35%, and a large cavity communicating with the inferior and inferolateral walls of the left ventricle (aneurysm vs. pseudoaneurysm), without pericardial effusion (Fig. 1A–D). The cardiac magnetic resonance imaging confirmed a free wall rupture at medial and basal segments of the inferior left ventricular wall with a 11 × 9 × 7 cm aneurysmal chamber, with systolic expansion, containing a large and organized thrombus (Fig. 1E–H). These findings confirm the diagnosis of a large pseudoaneurysm. Cardiac surgery was performed without complications.

Conflict of interest: None declared

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Received: 1.03.2020 Accepted: 28.03.2020

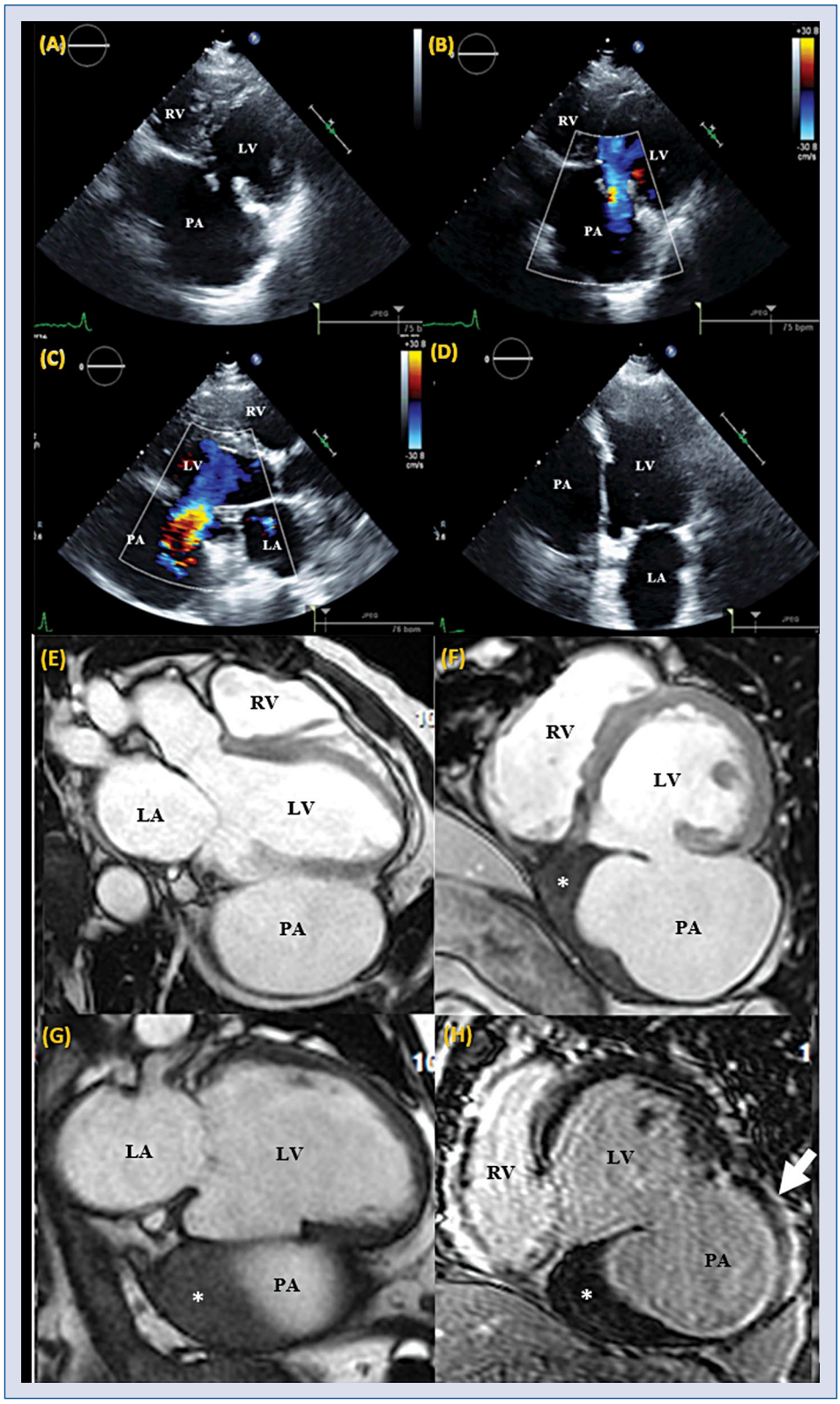

Figure 1. Transthoracic echocardiography parasternal short-axis views (**A**, **B**) and long-axis view (**C**) showing a pseudoaneurysm cavity that communicates with the inferior and inferolateral walls of the left ventricle (LV) through a narrow neck. Transthoracic echocardiography apical two-chamber view showing its relationship with the inferior wall (**D**). Cardiac magnetic resonance imaging — STIR image, oblique left ventricular outflow tract view (**E**), short-axis view (**F**) and two-chamber view (**G**) showing inferior free wall rupture with a large bulging aneurysmal sac containing a thrombus (*) that is adherent to the pericardial space. Delayed gadolinium enhancement of the pericardium adjacent to pseudoaneurysm (arrow) (**H**); LA — left atria; PA — pseudoaneurysm; RV — right ventricle.