OMICS Journal of Radiology
ISSN: 2167-7964

Takx et al., OMICS J Radiology 2013, 2:5
DOI: 10.4172/2167-7964.1000126

Case Report Open Access

Incidental Left Ventricular Pseudoaneurysm Discovered 5 Years after Myocardial Infarction

Richard AP Takx[1]*, Christian Fink[2] and Thomas Henzler[2]

[1]*Department of Radiology, University Medical Center Utrecht, Utrecht, the Netherlands, The Netherlands*
[2]*Institute of Clinical Radiology and Nuclear Medicine, University Medical Center Mannheim, Medical Faculty Mannheim, Heidelberg University, Germany*

Case Report

GA 65 year-old man was admitted to the intensive care unit with candida sepsis. A suspected pulmonary etiology prompted a contrast enhanced Computed Tomography (CT) scan of the chest. CT revealed dilated cardiomyopathy, lateral and apical myocardial wall thinning, diffuse coronary artery calcifications, and a large, calcified left ventricular pseudoaneurysm arising from the basal lateral myocardial wall. Five years prior, the patient was diagnosed with Myocardial Infarction (MI) of the circumflex and first diagonal coronary arteries, which was managed medically. There was no record of subsequent free wall rupture or pseudoaneurysm formation.

Left ventricular (LV) pseudoaneurysms are rare, frequently asymptomatic and often fatal when left untreated. Unlike a true LV aneurysm, a LV pseudoaneurysm contains no endocardium or myocardium. LV pseudoaneurysm is most commonly the result of a transmural acute MI when myocardial rupture is contained by pericardial adhesions or scar tissue. Diagnosis can be complicated because patients usually present with symptoms similar to coronary artery disease [1]. CT accurately delineates the extent of a LV pseudoaneurysm and allows for assessment of both intra-cardiac and extra-cardiac anatomy. Owing to the risk of subsequent fatal rupture, regardless of chronicity [2], surgery is often recommended [3]. Surgical repair provides good symptomatic relief and long-term survival in case of dyskinetic or akinetic aneurysms [4]. However, taking into account the surgical risk, conservative treatment should be considered in asymptomatic individuals. Moreover, long-term survival of patients treated conservatively appears to be relatively benign [5]. This represents an unusual case of a stable post-MI LV pseudoaneurysm discovered years after the original insult (Figure 1).

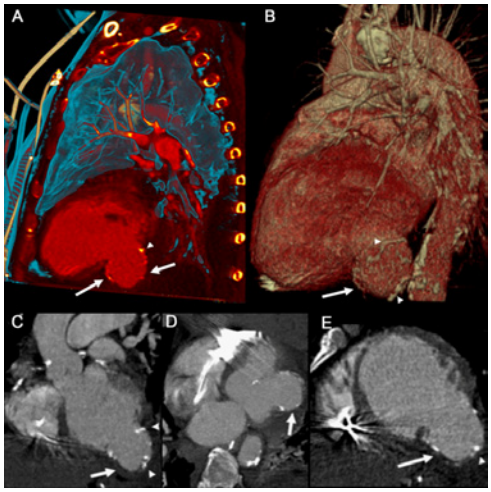

Figure 1: Volume-rendered 3D reconstructions of the chest (A) and heart (B) display a large pseudoaneurysm of the basal lateral left ventricle (arrows). Calcifications are apparent (arrowheads). Coronal (C), four-chamber (D) and short axis (E) views of the heart again illustrate a large pseudoaneurysm arising from the left ventricle (arrows) with diffuse calcifications (arrowheads).

References

1. Frances C, Romero A, Grady D (1998) Left ventricular pseudoaneurysm. J Am Coll Cardiol 32: 557-561.
2. Vlodaver Z, Coe JI, Edwards JE (1975) True and false left ventricular aneurysms. Propensity for the altter to rupture. Circulation 51: 567-572.
3. Yeo TC, Malouf JF, Reeder GS, Oh JK (1999) Clinical characteristics and outcome in postinfarction pseudoaneurysm. Am J Cardiol 84: 592-595, A8.
4. Mickleborough LL, Carson S, Ivanov J (2001) Repair of dyskinetic or akinetic left ventricular aneurysm: results obtained with a modified linear closure. J Thorac Cardiovasc Surg 121: 675-682.
5. Moreno R, Gordillo E, Zamorano J, Almeria C, Garcia-Rubira JC, et al. (2003) Long term outcome of patients with postinfarction left ventricular pseudoaneurysm. Heart 89: 1144-1146.

***Corresponding author:** Richard Takx, Department of Radiology, UMC Utrecht, Heidelberg laan 100 3508, GA, Utrecht, The Netherlands, Tel: +31-887559529; Fax: +31-302581098; E-mail: rtakx@umcutrecht.nl

Received April 19, 2013; **Accepted** May 08, 2013; **Published** May 13, 2013

Citation: Takx RAP, Fink C, Henzler T (2013) Incidental Left Ventricular Pseudoaneurysm Discovered 5 Years after Myocardial Infarction. OMICS J Radiology 2: 126 doi:10.4172/2167-7964.1000126