

CORONARY ANEURYSM AND AN UNPREDICTABLE CARDIAC FINDING

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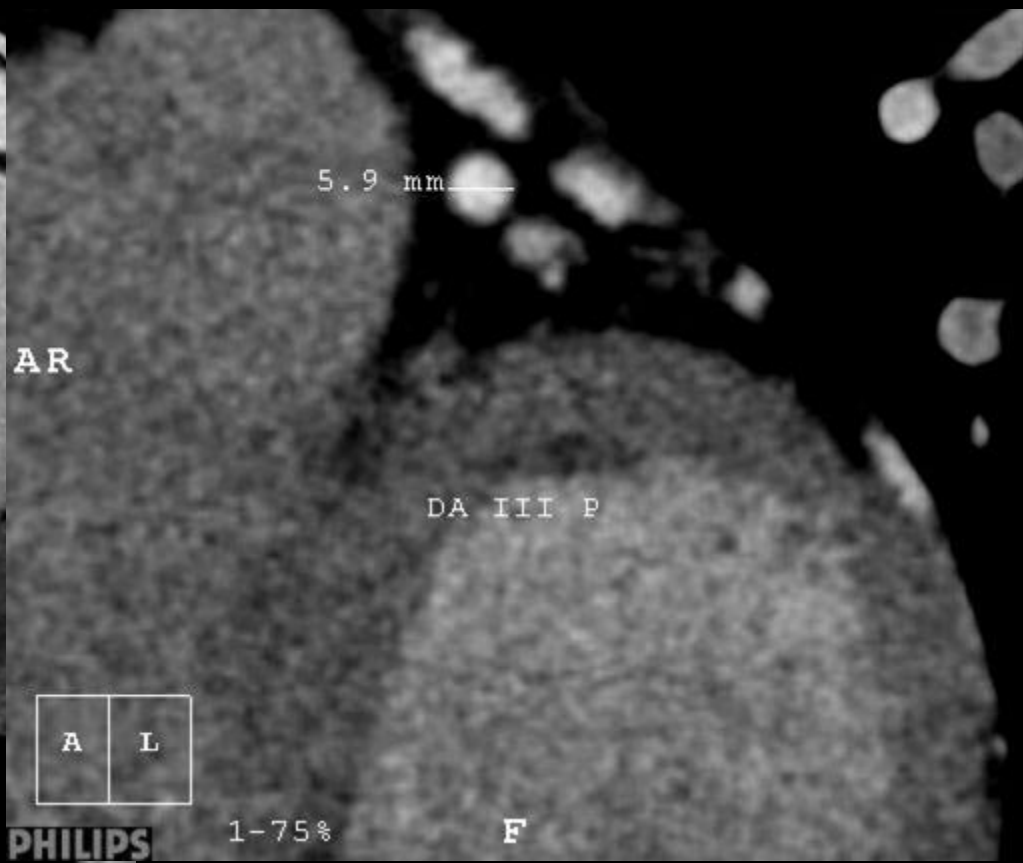


CLINICAL HISTORY

- 61 years old male
- hypertension and atypical chest pain
- previous unrecognized inferior myocardial infarction (EKG Q waves in the inferior leads)
- multislice coronary computed tomography to evaluate the atherosclerotic burden



MSCT: Left descending artery



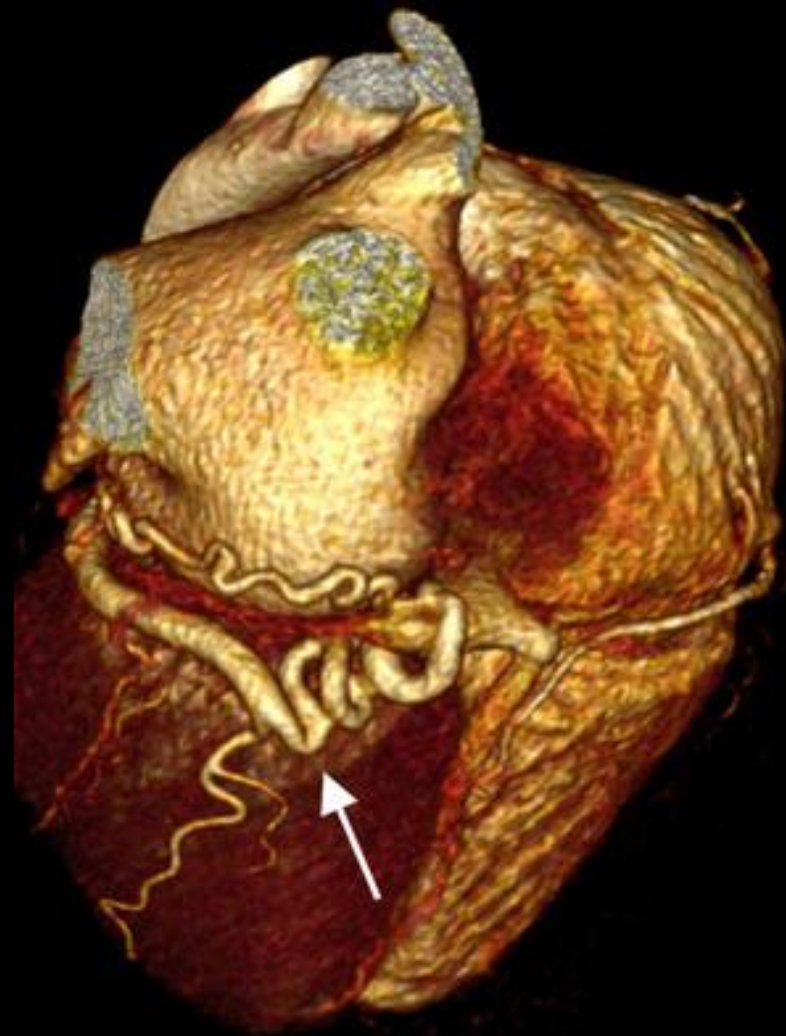
Proximal LAD ectasia (diameter: 6 mm)



MSCT: Circumflex



**Proximal ectasia and
distal fistulas
to coronary sinus**



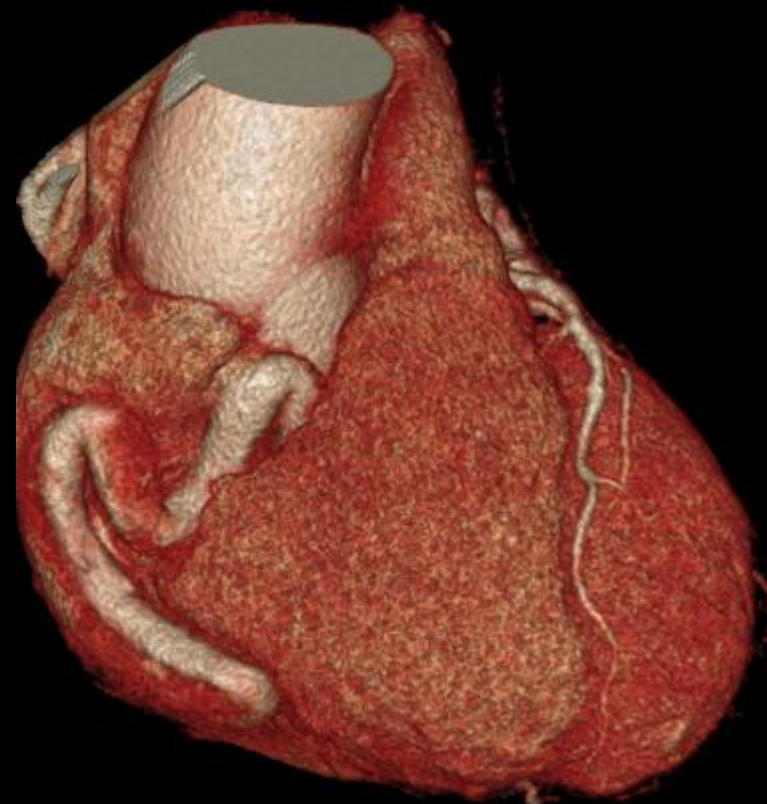


MSCT: Right coronary artery

PL



LAF



F

PHILIPS



MSCT: Right coronary artery aneurysm



Aneurysmatic right coronary artery (18 mm) with pronounced tortuosity and eccentric parietal thrombotic apposition





MSCT:

Right coronary artery aneurysm and...

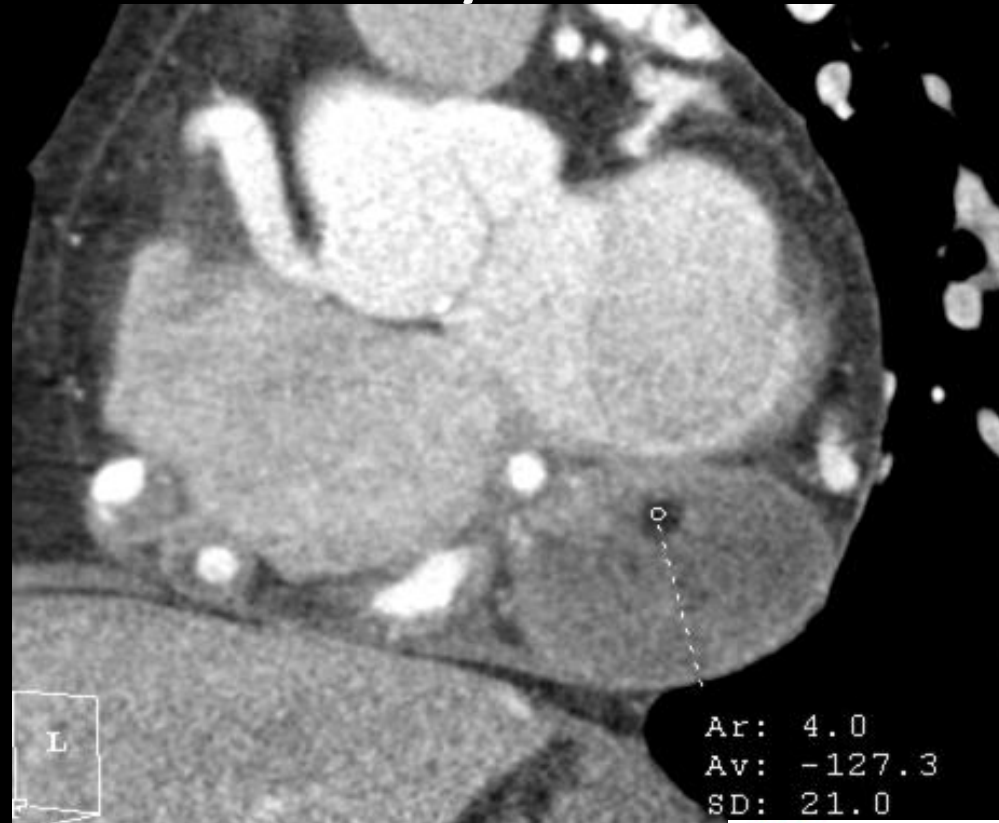




.....unexpected finding

Hypodense epicardial mass (57x40 mm)

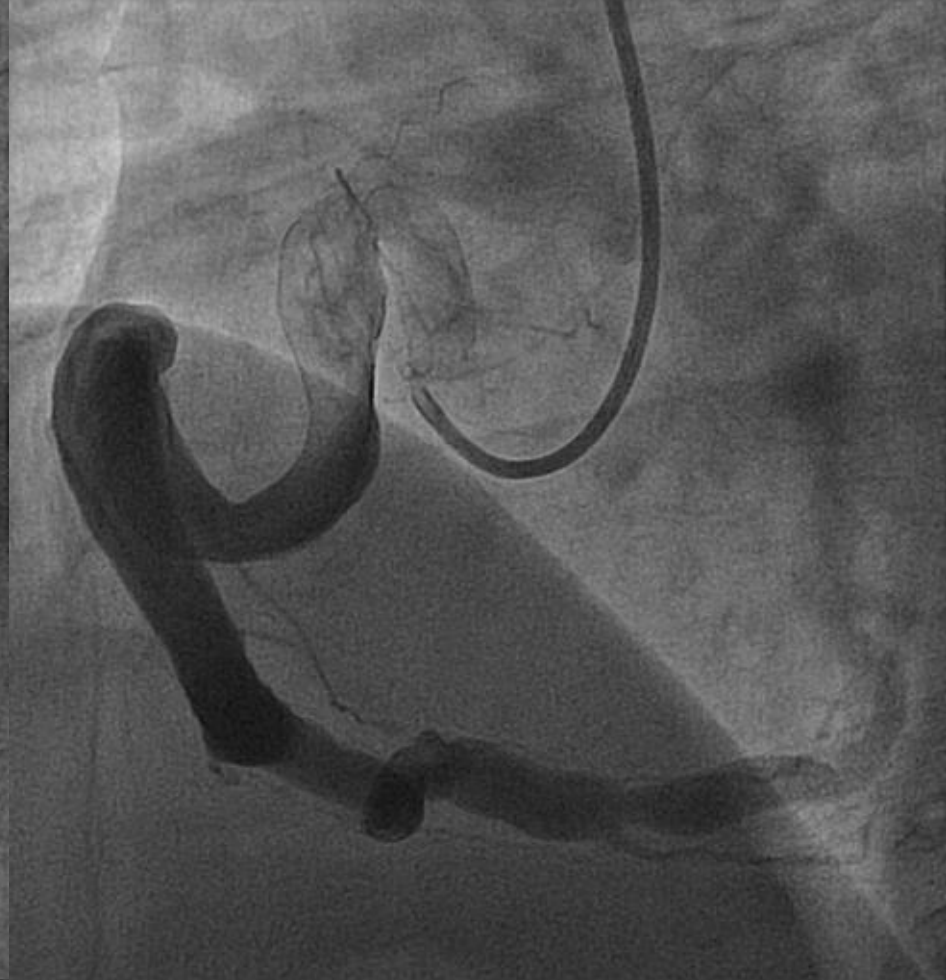
- lower density area (-127 HU)
- not enhanced by contrast media



Ar: 4.0
Av: -127.3
SD: 21.0



Cath Lab: Right coronary artery



Right coronary artery: diffuse aneurysm, serpiginous course
and distal fistula to coronary sinus



Cath Lab: LAD and Circumflex



Left anterior descending
artery proximal ectasia and
mid-distal segment with
minimal luminal irregularities

Circumflex proximal ectasia
and double fistulas to
coronary sinus



Cardiac MRI

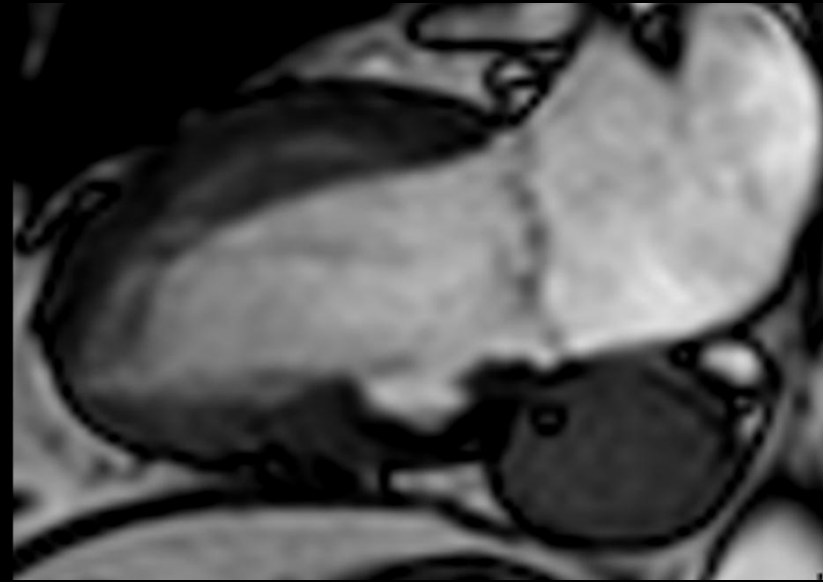
LV EDV:207 ml LV ESV: 116 ml

FE 56% SV: 92 ml GC:7,9 Lt/min

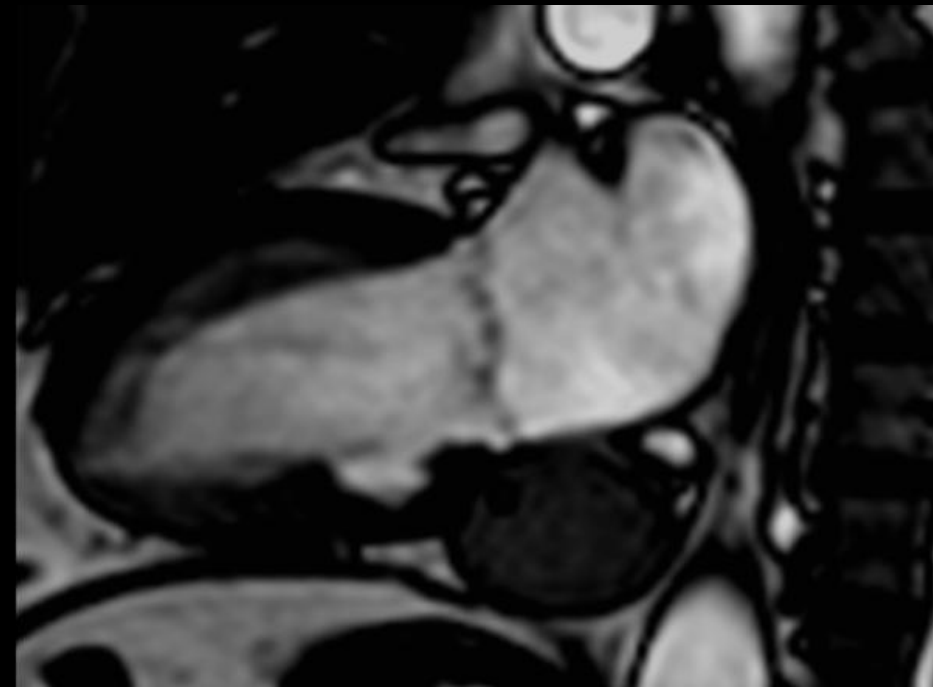
RV EDV: 189 ml RV ESV: 77 ml

FE 41 % SV: 112 ml GC: 8 Lt/min

Right atrium: 28 cm² Left atrium:27 cm²

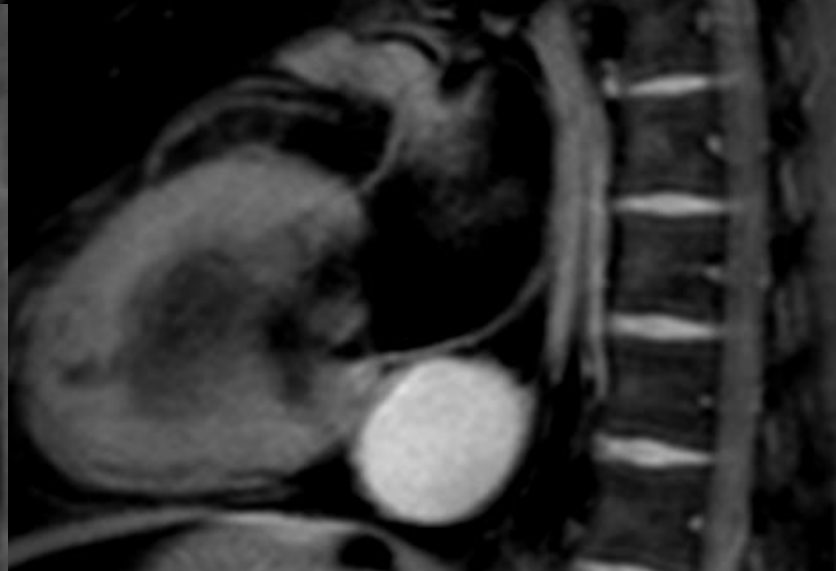
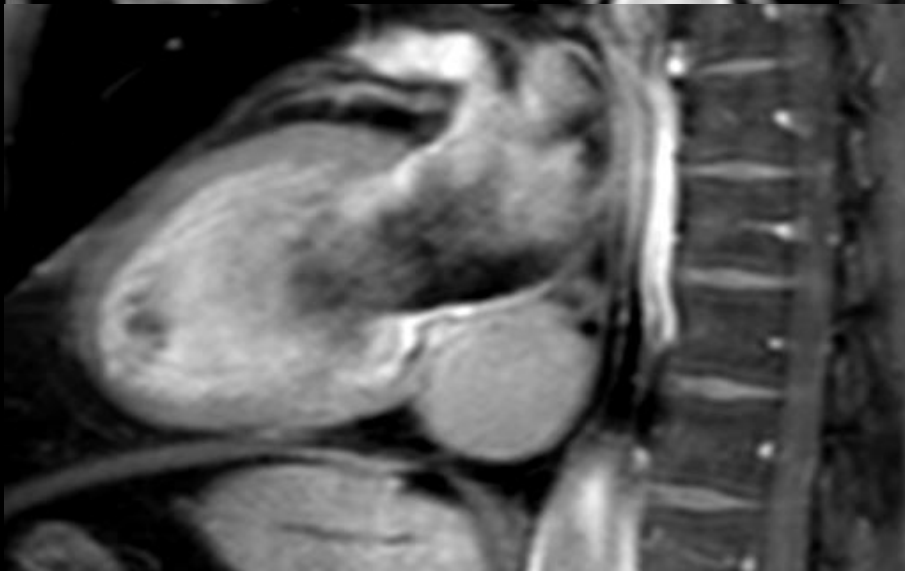
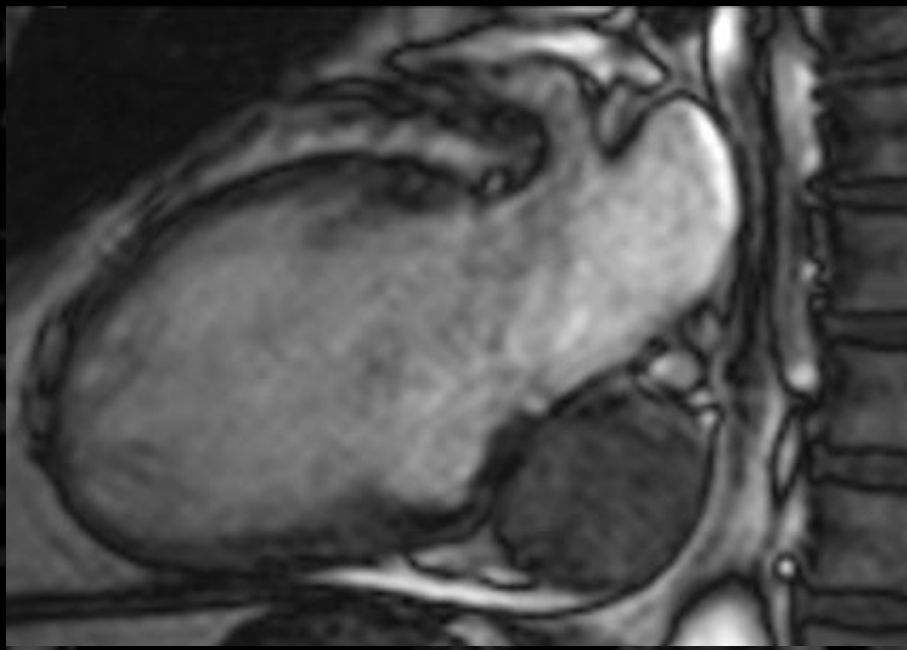
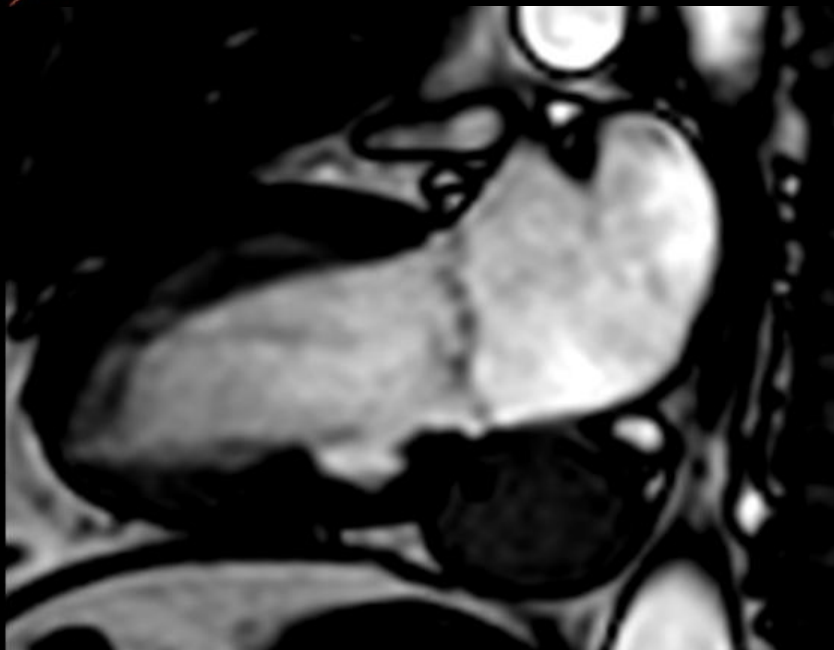


Mild left ventricle dilation
with normal left systolic function



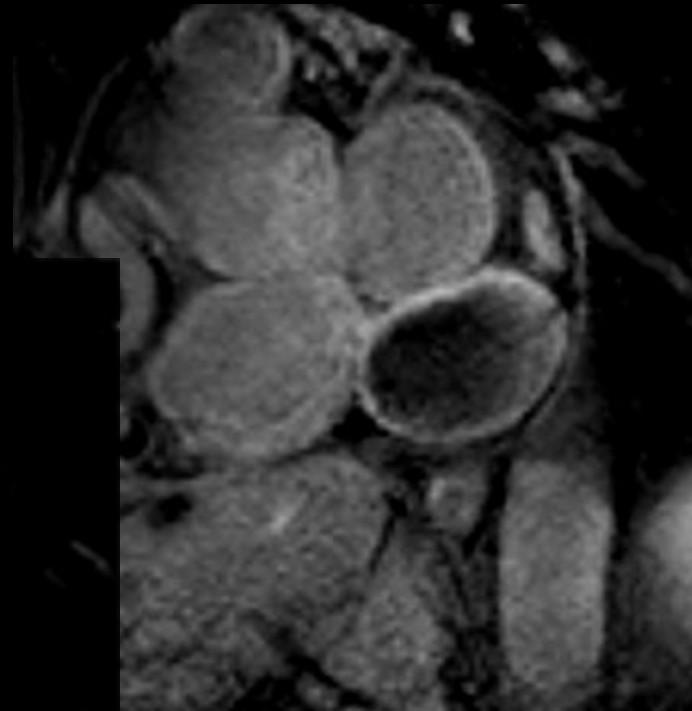
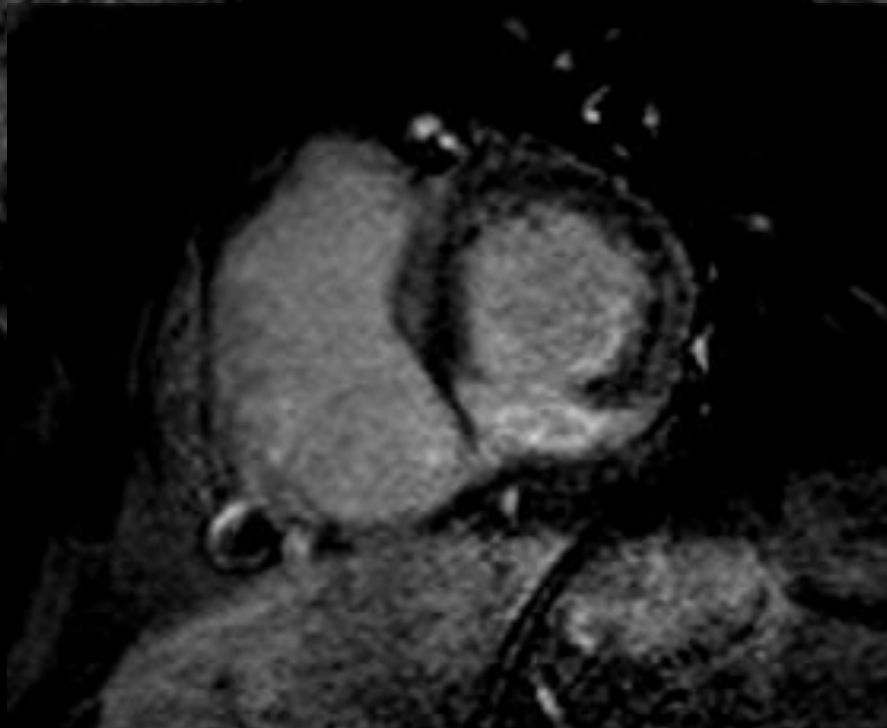
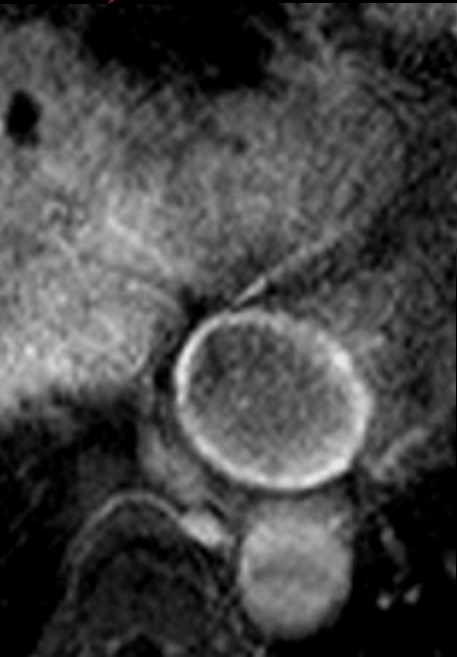


Cardiac MRI: cine SSFP





Cardiac MRI: Delay enhancement



Marked thinning of the basal inferior left ventricle wall
with hyperintense transmural signal

And therefore...

**A multimodality imaging approach
allowed us to diagnose a thrombotic and
partially fat-involuted aneurysm
of the left ventricle
and complex vascular abnormalities
in a patient with a previous silent
myocardial infarction**