

Clinical Image

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Left ventricular pseudoaneurysm in left ventricular aneurysm

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Abstract

A 79-year-old female patient with a complex medical history including coronary heart disease, old anterior descending artery infarction, left ventricular aneurysm, and atrial fibrillation, managed with anticoagulation therapy following an ischemic stroke, was admitted because of a sudden onset of delirium accompanied by elevated inflammatory markers. A chest Computed Tomography (CT) scan performed during her workup demonstrated an enlarging left ventricular pseudoaneurysm.

Clinical image description

Further investigation using cardiac CT angiography revealed two sites of free wall rupture with active blood flow, as documented in the image (Figures 1 and 2). Rupture of the left ventricular free wall is an uncommon yet highly lethal complication of myocardial infarction, occasionally presenting as a contained intrapericardial pseudoaneurysm, as seen in our patient [1,2].

Although this condition is typically managed with urgent surgical intervention [2], the patient's high-risk status necessitated a divergence from the standard protocol. After a multidisciplinary discussion involving the attending teams and patient's family, a decision was made to pursue expectant management. Remarkably, the patient's evolution under close monitoring and supportive care, resulted in a survival of over one year since the detection of the pseudoaneurysm, during which time it showed minimal growth.

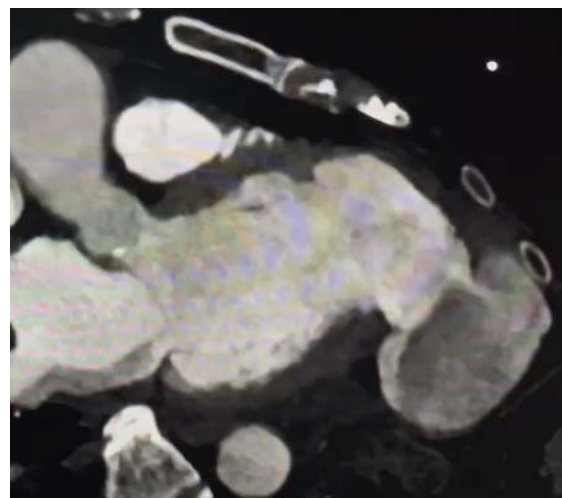


Figure 1: Left ventricle CT with ventricular aneurysm, pseudoaneurysm and active flow jets [2].

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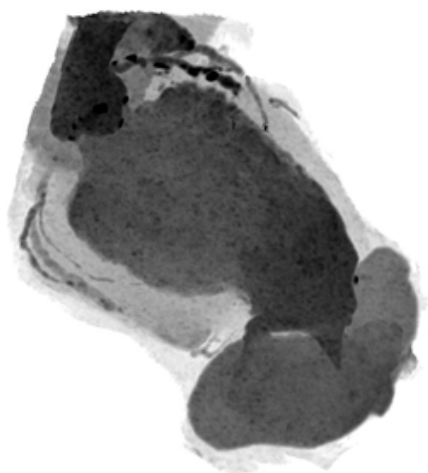


Figure 2: Left ventricle reconstruction with apical aneurysm and pseudoaneurysm.

References

1. Inayat F, Ghani AR, Riaz I, Ali NS, Sarwar U, et al. Left Ventricular Pseudoaneurysm: An Overview of Diagnosis and Management. *Journal of investigative medicine high impact case reports.* 2018; 6: 2324709618792025.
2. Bisoyi S, Dash AK, Nayak D, Sahoo S, Mohapatra R. Left ventricular pseudoaneurysm versus aneurysm a diagnosis dilemma. *Annals of cardiac anaesthesia.* 2016; 19: 169-172.