

Left Ventricular Aneurism in the Anterobasal Region after Coronary Artery Bypass Surgery

Abdullah Kaplan^{1*}; Meral Kaplan²

¹Department of Cardiology, Kemer Public Hospital, Turkey.

²Department of Radiology, Dinar Public Hospital, Turkey.

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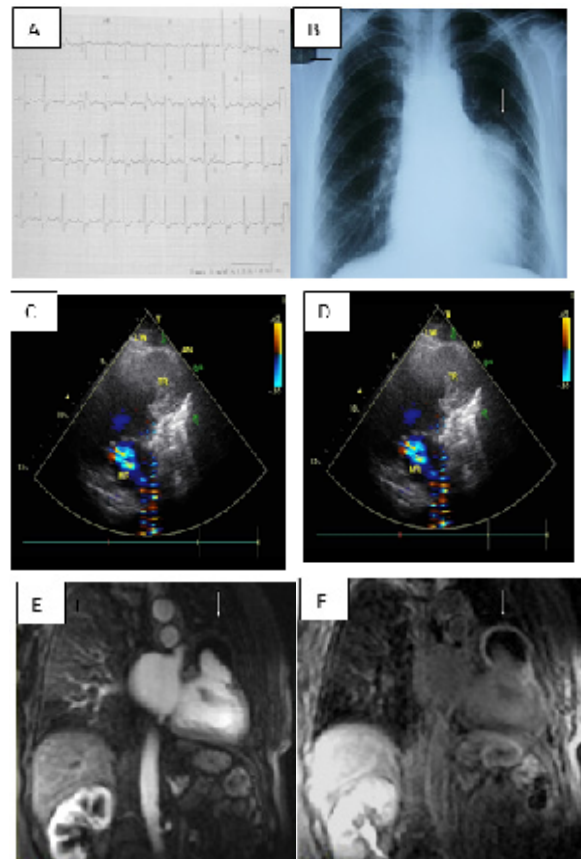
***Corresponding Author:** Abdullah Kaplan, Department of Cardiology, Kemer Public Hospital, Yeni Mahalle, Dedeler Mevkii, No 31, Kemer, Antalya, Turkey.
 Tel: +90 242 814 15 50
 E-mail: kaplanabd@gmail.com

Abbreviations

LAD: Left anterior descending artery; LIMA: Left internal mammary artery; Cx: Circumflex artery

Clinical Image

A 64-year-old female was admitted to our inpatient clinic with a 4-month-history of dyspnea and chest pain both at rest and on exertion. One year ago, she had coronary artery by-pass surgery due to triple vessel disease. Electrocardiogram displayed ST segment elevation in leads V2, D1 and aVL (A). A series of cardiac enzyme tests showed no signs of acute myocardial damage. Chest x-ray revealed mild cardiomegaly with a mass image adjacent to the left ventricle (B, arrow). Echocardiogram demonstrated mildly reduced left ventricular function and an aneurysm cavity with a wide neck in the anterobasal region of the left ventricle, partly filled with thrombus (C and D, arrows). Coronary angiography revealed triple vessel disease, total occluded mid LAD, patent LIMA-LAD and safen-Cx. On a cardiac magnetic resonance imaging (MRI); a left sided two-chamber cine image clearly showed a thin-walled saccular anterobasal aneurysm partly filled with thrombus (E, arrow), and an inversion-recovery-prepared breath-hold gradient echo cine MRI fifteen minutes after material injection showed delayed enhancement of the wall of the aneurysm and thrombus (F, arrow). There were no coronary vessels surrounding the aneurysm.



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