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Short communication

A huge left ventricular pseudoaneurysm manifesting as acute dyspnea

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ABSTRACT

Pseudoaneurysm of the left ventricle (LV) is one of the mechanic complications of myocardial infarction. This rare complication mostly stems from inferior wall of the LV. The wall of pseudoaneurysm contains pericardium and/or scar tissue but not myocardium. Transthorasic echocardiography is commonly used in clinical practice and is usually sufficient to make a diagnosis of LV pseudoaneurysm. It is important to differentiate pseudoaneurysm from true LV aneurysm. Pseudoaneursym does not contain myocardial tissue whereas true LV aneurysm does. Pseudoaneurysm also has narrow neck unlike true LV aneurysm. Urgent surgical approach is indicated because of fatal rupture. Here we report a case report of pseudoaneurysm manisfesting with acute dyspnea.

Case report

65-year-old man was admitted to our department with acute and acute dyspnea within 2 h (New York Heart Association functional class III). He had a past medical history of coronary artery disease and heart failure. His previous transthoracic echocardiography (TTE), which was performed 1 month ago, showed hypokinesia of both inferior and anterior segments with ejection fraction (EF) of %30. He was on aspirin, statin and beta-blocker therapy. Cardiovascular examination was notable for bilateral pulmonary rales and S3, which were consistent with heart failure. Electrocardiography revealed q waves in inferior and anterior leads. TTE showed severe depression of LV systolic function (EF = %15) and a giant extra chamber next to inferior wall of LV. This extra chamber was surrounded by parietal pericardium and was consistent with pseudoaneurysm (Fig. 1). Parenteral diuretic and nitroglycerine were started and he was urgently referred for surgery.

Pseudoaneurysm of the left ventricle (LV) is one of the mechanic complications of myocardial infarction and mostly stems from inferior wall [1]. It is caused by contained rupture of LV free wall [2]. The wall of pseudoaneurysm contains pericardium and/or scar tissue but not myocardium [3]. The diagnosis might be difficult to make since a pseudoaneurysm is easily confused with a true aneurysm. In contrast to true aneurysm, pseudoaneurysm has narrow neck. TTE is commonly used in clinical practice and is usually sufficient to make a diagnosis of LV pseudoaneurysm like this currently presented case. There is an indication for urgent surgical resection of pseudoaneurysm due to the risk of fatal rupture [3,4].

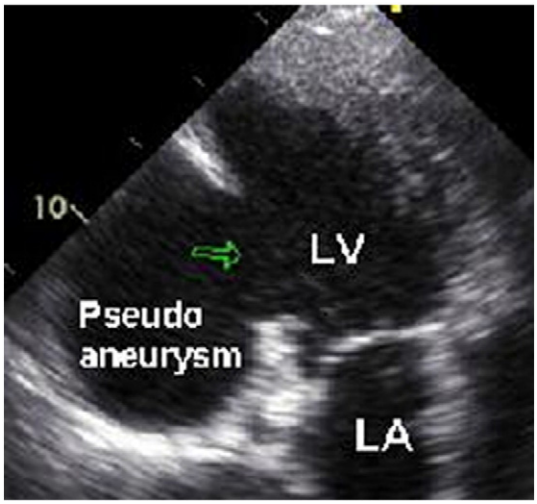

Fig. 1. Transthorasic echocardiography shows inferior left ventricular pseudoaneurysm through a narrow neck (arrow) in apical 2-chamber view. LV = left ventricle, LA = left atrium.

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