A Giant Unruptured Left Ventricular Pseudoaneurysm Followed by a Silent Myocardial Infarction

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Abstract: Left ventricular pseudoaneurysm is a rare and potentially fatal complication of myocardial infarction. We report a case of a unruptured giant left ventricular pseudoaneurysm in a 72-year-old woman possibly after a silent myocardial infarction. The patient admitted to our clinic for progressive dyspnea and anginal pain for 7 years. Echocardiography showed a giant (7x11 cm sized) pseudoaneurysm with thrombus in the internal wall. This case illustrates that a silent myocardial infarction could well be followed by pseudoaneurysm development and underlines the diagnostic value of transthoracic echocardiography.

Key words: Left ventricle, pseudoaneurysm, silent myocardial infarction

INTRODUCTION

Cardiac pseudoaneurysm (PA) is defined as a rupture of myocardium that is contained by pericardial adhesions or the epicardial wall[1]. It is a dramatic and often fatal complication that typically occurs three or five days after the onset of acute Myocardial Infarction (MI). Because of a high incidence of spontaneous and frequently fatal ruptures, the treatment of choice is surgical resection[2].

Cardiac surgery[3], infective endocarditis[4], blunt force trauma[5] and lymphoma[6] are the other causes of left ventricular PA.

Here we report the case of a female patient in whom development of PA presented with progressive anginal pain and dyspnea on exertion, possibly after a silent MI.

CASE REPORT

A 71-year-old woman admitted to our outpatient clinic with the complaint of exertional dyspnea. She had diabetes mellitus and hypertension as major cardiovascular risk factors. Physical examination revealed a blood pressure of 140/90 mmHg with a regular pulse of 80 beats/min. The electrocardiogram showed abnormal Q waves in leads II, III, avF, T wave inversions in leads II, III and avF, V5-6, despite the absence of prior history of a MI. On further questioning she gave a history of a sudden and severe dyspnea episode 7 years ago. Transthoracic echocardiography demonstrated reduced left ventricular function and a 7x11 cm sized PA at the basal and mid segments of posterolateral wall of the left ventricle, the internal surface of which was covered by a thick...
echocardiography is valuable in making the correct diagnosis and echocardiographic assessment should better be done following MI, because PA could be missed during the cardiac examination.

REFERENCES