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Infective pseudoaneurysm of a ruptured sinus of Valsalva as an unusual cause of myocardial infarction by compression of the right coronary artery

A 25 year old man was referred to our institution for chest pain associated with fever despite oral antibiotic treatment. ECG showed evidence of a semi-recent inferior myocardial infarction. Transthoracic and transoesophageal echocardiography demonstrated a circumferential pericardial effusion, severe hypokinesia of the left ventricular inferior wall, and a mobile mass on a bicuspid aortic valve associated with grade 2 aortic regurgitation. A large cavity (5 cm × 3 cm) was noted next to the right coronary cusp with a fistulous track from the ascending aorta. Multislice spiral computed tomography (16-slice Lightspeed, General Electric) demonstrated a thoracic aortic pseudoaneurysm with a 1 cm-wide neck from a ruptured right sinus of Valsalva causing external compression of the right coronary artery (upper and lower panels: An, aneurysm; Ao, aorta; LAD, left anterior descending coronary artery; RCA, right coronary artery; MI, myocardial infarction; PE, pericardial effusion). Urgent surgery confirmed compression of the right coronary artery by a large mycotic pseudoaneurysm related to a ruptured right sinus of Valsalva and aortic infective endocarditis. The aortic valve was replaced by a mechanical valve with closure of the pseudoaneurysm by two pericardial patches.

In this report, myocardial infarction was related to an elongation of the right coronary artery by a large mycotic pseudoaneurysm of a ruptured sinus of Valsalva. Very few cases of coronary artery compression associated with aortic pseudoaneurysm have been reported so far. Physicians have to be aware of this unusual complication requiring urgent surgery. Multislice spiral computed tomography may have an important role in achieving an accurate and rapid diagnosis, and guiding surgery.

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