Ventricular tachycardia and coronary anatomy changes due to a large cardiac cyst

Okan Gulel MD¹, Zeydin Acar MD¹, Muzaffer Elmali MD², Hacı Akar MD³, Sabri Demircan MD¹

A 76-year-old woman was admitted to the emergency department of the Ondokuz Mayıs University Hospital due to palpitation. She had ventricular tachycardia, and normal sinus rhythm was restored by electrical cardioversion. Teleradiography showed a large, bilobular, cystic and calcific structure on the cardiac silhouette. Three-dimensional cardiac computed tomography revealed that the cyst was 4 cm × 4 cm × 3 cm, and was located between the epicardium and the myocardium at the anterior interventricular sulcus, just beneath the proximal left anterior descending (LAD) coronary artery (Figure 1). Coronary angiography determined no severe coronary artery stenosis, but interestingly, the cyst caused a change in the normal route of the LAD coronary artery (ie, the LAD coronary

artery had been 'jumping over' the cyst) (Figure 2). The cyst was thought to be responsible for the arrhythmia, and the patient underwent surgical resection. Cardiac cysts are often discovered incidentally. They may lead to complications such as rupture, allergic reaction, embolization, cardiac tamponade, pericarditis, myocardial ischemia, rhythm disturbances and valve dysfunction (1). In most cases, surgery is the preferred method of treatment (2).

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Figure 1) Three-dimensional cardiac computed tomography (arrow shows left anterior descending coronary artery; asterisk shows cyst)

Figure 2) Coronary angiography at right anterior oblique caudal view (arrow shows 'jumping' left anterior descending coronary artery; asterisk shows cyst)

¹Department of Cardiology; ²Department of Radiology, Faculty of Medicine, Ondokuz Mayıs University; ³Cardiovascular Surgery Clinics, Government Hospital, Samsun, Turkey

Correspondence: Dr Okan Gulel, Universite Lojmanlari, A-Blok No: 7, 55139 Kurupelit, Samsun, Turkey. Telephone 90-362-457-6520, fax 90-362-457-6041, e-mail okangulel@hotmail.com

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