Kawasaki disease causing saccular aneurysms of the coronary arteries

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Figure 1. Coronary angiogram showing occluded and calcified giant saccular aneurysms of the right coronary artery. RCA=right coronary artery.

Figure 2. Coronary angiogram showing saccular aneurysms of the left anterior descending coronary artery. LCA=left coronary artery, LAD=left anterior descending artery.

A 22-year-old man was referred for treatment of a 45 mm saccular aneurysm of the right coronary artery (RCA) and a 15 mm saccular aneurysm of the left anterior descending artery (LAD). The patient developed Kawasaki disease in 1998. The aneurysms were diagnosed in 2002. The RCA showed thrombus formation. Until now the patient had remained asymptomatic. He now presented with effort angina.

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Figure 3. Magnetic resonance imaging showing giant saccular aneurysms of the right coronary artery and the left anterior descending coronary artery. RCA=right coronary artery, LAD=left anterior descending artery, Ao=aorta, AP=pulmonary artery, LV=left ventricle, RV=right ventricle, RA=right atrium.

On coronary angiography and magnetic resonance imaging, an occluded aneurysm of the proximal RCA (45 mm) was seen with a second aneurysm more distally (22 mm). The LAD showed an aneurysm of 15 mm (figures 1 to 3). Adenosine stress cardiovascular magnetic resonance showed midventricular, apical and posterior ischaemia.

Cardiopulmonary bypass with hyperkalaemic cardioplegic arrest was utilised. All the aneurysms were severely calcified. The patient underwent coronary bypass grafting with the left internal thoracic artery anastomosed to the LAD and the right internal thoracic artery to the right posterior descending artery (Y graft on the left internal thoracic artery). The post-operative course was uneventful and the patient was discharged home on the sixth postoperative day. ■

In this section a remarkable 'image' is presented and a short comment is given.

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