At the Heart of the Old Silk Road

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Figure 1. a) Diagnostic coronary angiogram showing a large circular structure that fills via fistula from the mid-left anterior descending artery consistent with a pseudoaneurysm. **b.** Chest CT angiogram with contrast demonstrating the 4.0×3.3 cm pseudoaneurysm in relation to the mid-left anterior descending artery, which did not opacify with contrast suggesting thrombosis. The LAD was lifted superiorly off the surface of the myocardium, with the pseudoaneurysm almost encasing the LAD and a large component seen along the inferior aspect of the narrowed artery extending for 3.2 cm (indicated by arrowheads).

A 27-year-old previously healthy African American woman with a history of Behcet's disease and multiple vascular complications presented with 4–5 months of severe chest pain at rest. The chest pain was described as left-sided, non-radiating pressure worse with exertion. Physical exam and electrocardiogram (EKG) studies only revealed sinus tachycardia.

She was initially evaluated with cardiac catheterization (Fig. 1a) and computed tomography (CT) angiogram

(Fig. 1b), which revealed a 4.0×3.3 cm non-opacifying, coronary artery pseudoaneurysm that lifted the left coronary artery (LAD) superiorly off the surface of the myocardium. A stress magnetic resonance imaging (MRI) showed reversible subendocardial hypoperfusion.

Given the patient's young age and high risk of rupture, surgery was elected to debulk the pseudoaneurysm and decompress the LAD. She was discharged 12 days postoperatively without complications and was free of chest pain one month later.

Behcet's disease is a systemic vasculitis characterized by recurrent oral aphthous and genital ulcers, uveitis and skin lesions. While coronary aneurysms occur rarely, they are the most common cause of mortality and develop from myocardial fragility in-

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duced by vasculitis-related ischemia.¹ Our case demonstrates the importance of a high index of suspicion for cardiac manifestations of Behcet's disease in the young and using appropriate imaging modalities for early diagnosis and management.

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