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Left Ventricular Pseudoaneurysm Following Surgical Revascularization

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Figure 1. Left ventricular angiography in the 30-degree right anterior oblique projection shows the pseudoaneurysm (PA) communicating to the left ventricle (LV).

A 74-year-old man underwent coronary artery bypass grafting and 12 hours later his cardiac enzymes and electrocardiogram were indicative of new ST elevation myocardial infarction in leads I, aVL, V₅ and V₆. The patient remained asymptomatic and was released. An echocardiogram performed on the 5th postoperative day demonstrated an incomplete apicolateral ventricular rupture

Figure 2. Apical two chamber view in transthoracic echocardiography revealing flow extending from the apical anterior left ventricular cavity through a narrow neck (white arrow) into the PA. LA, left atrium.

with flow extending from the left ventricle (LV) through a narrow neck into a saccular aneurysm. Catheterization revealed an occlusion of the grafted 2nd large diagonal branch distal to the site of the anastomosis and confirmed the diagnosis of the pseudoaneurysm (PA) of the anterolateral wall (Figs 1, 2). The PA was repaired by linear closure and the patient recovered uneventfully. The lack of symptoms in the early postoperative stage requires a high level of suspicion for this postinfarction complication due the strong propensity of PA to rupture.