

## CASE IMAGE

**A giant posterolateral wall pseudoaneurysm presenting with ventricular tachycardia***Ventiküler taşikardiyle başvuran hastada dev posterolateral duvar psödoanevrizma*

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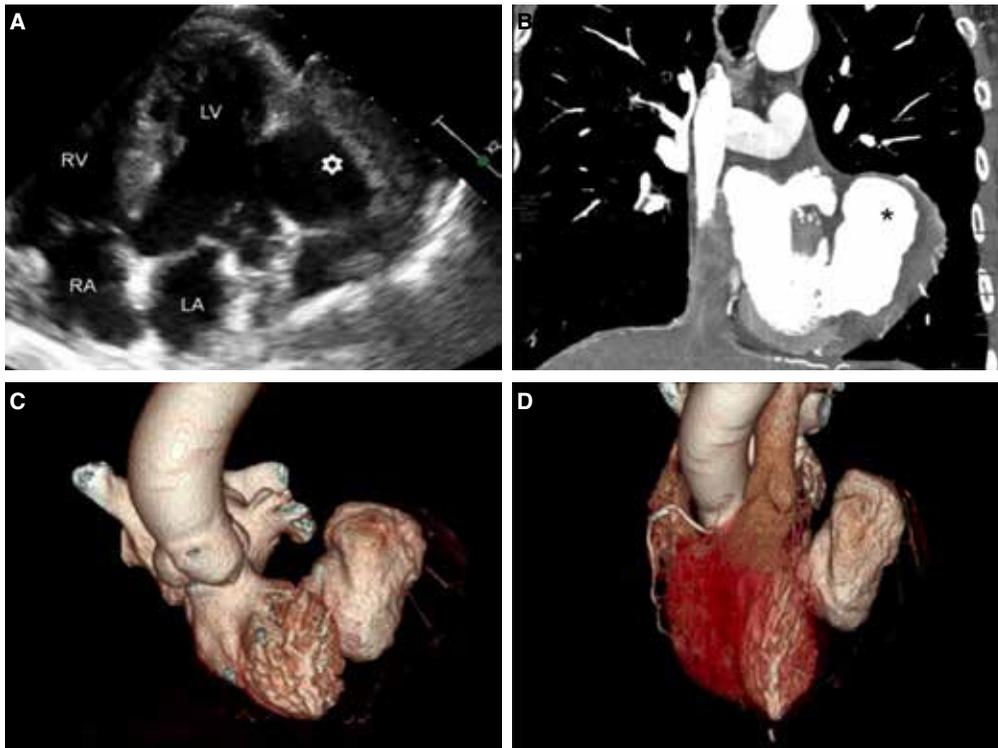
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A 76-year old male patient with history of posterior myocardial infarction (MI) about 6 years previously presented at emergency department with severe dyspnea and palpitations. Electrocardiogram revealed wide complex tachycardia diagnosed as ventricular tachycardia (VT). VT was immediately terminated with direct current cardioversion.

Two-dimensional echocardiography demonstrated large posterolateral wall pseudoaneurysm sealed by thrombus with small amount of pericardial

effusion (Figure A, Video 1\*). Computed tomography (CT) scan identified pseudoaneurysm of approximately 7.4x6 cm and 6x4.5 cm in size located in posterolateral wall of the left ventricle (LV) (Figures B–D). Patient refused to undergo cardiovascular surgery for pseudoaneurysm, and was discharged at his request. LV pseudoaneurysm forms when cardiac rupture is contained by adherent pericardium or scar tissue. Two-dimensional echocardiography should be first examination to make a diagnosis; CT scan can be used for further analysis. Although most patients with pseudoaneurysm present with nonspecific symptoms, rarely, some mechanical complications of MI can cause VT. Present case emphasizes that LV pseudoaneurysm can present with VT in first diagnosis. Echocardiography is essential in evaluation of patients with wide complex arrhythmias.



**Figures– (A)** Two-dimensional (2D) echocardiographic image demonstrating large pseudoaneurysm in posterolateral wall and sealed with a thrombus, as well as small amount of pericardial effusion (white asterisk); **(B)** Computed tomography (CT) scan revealing pseudoaneurysm located in the posterolateral wall of the left ventricle in the coronal plane (black asterisk); **(C, D)** Color-enhanced 3D CT scan of pseudoaneurysm. \*Supplementary video files associated with this presentation can be found in the online version of the journal.

