Spontaneous dissection of left anterior descending artery and cardiac apical mass without aneurysm

Anevrizma olmadan sol ön inen koroner arterin spontan disseksiyonu ve kardiyak apikal kitle

A 48-year-old man who was admitted to hospital because of syncope, transient ischemic attack, palpitations and chest pain. On physical examination, he had sight deficiency on the right eye. Electrocardiography revealed T-wave inversion in leads V1 through V6. The cardiac enzymes (creatinine phosphokinase-MB and Troponin-T) were normal. Laboratory analysis was normal. Echocardiogram showed an apical mass resembling thrombus in apical region of the left ventricle (Video 1, 2. See corresponding video/movie images at www.anakarder.com). The coronary angiography (CAG) of the patient showed that the patient’s left anterior descending (LAD) artery was irregular, dissected, and recanalized spontaneously following the dissection; it also revealed the presence of double lumen structure and no aneurysm any where on ventricle (Fig. 1). The other coronary arteries were normal. Brain computed tomography revealed infarction in the occipital region. It was judged by neurologists that this lesion would not hinder open heart surgery. Anticardiolipin antibodies were negative. There was no stigma of connective tissue disorder. Due to the prolonged existence of mass and continuance of the patient’s complaints despite the maximal anticoagulant treatment (keeping INR 2-3), we decided to operate the patient with the techniques of standard cardiopulmonary bypass using moderate hypothermia and cardioplegia arrest. In the operation, a mass including thrombus with diameters of 20x15 mm adjacent to the papillary muscles on the left ventricular apical region was resected. Apical region was closed with felt (Fig. 2). However, we did not perform coronary artery bypass grafting (CABG) because of the absence of significant stenosis.

Histopathologic examination showed dystrophic calcified fibrous tissue and thrombus. He had an uneventful recovery and was discharged home six days after surgery. He was observed to be doing well in the two-month follow-up visit.

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References