

CASE IMAGE

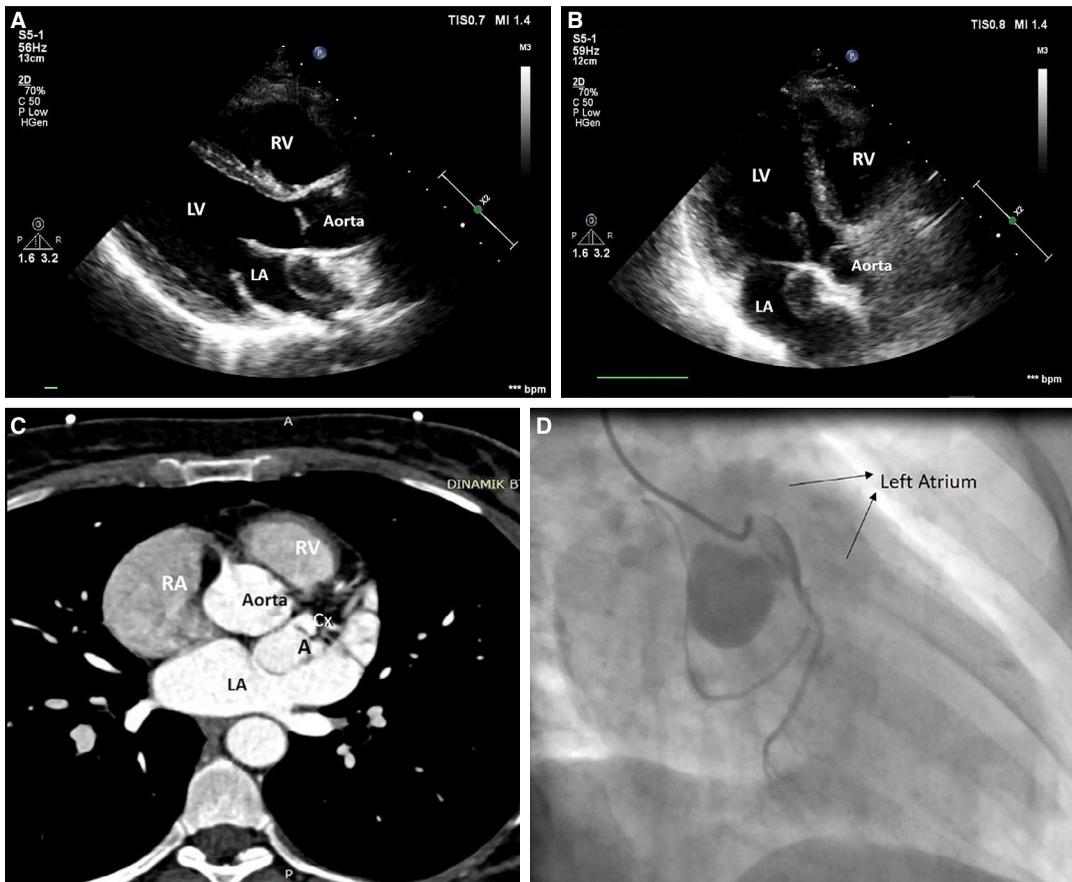
Coronary aneurysm causing fistulization and compression of the left atrium

Sol atriyuma bası yapan ve fistülize olmuş koroner anevrizma olgusu

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A 33-year-old female was admitted to the cardiology department with atypical angina. Cigarette smoking was the only cardiac risk factor. On physical examination, the patient's vital signs were normal. The electrocardiogram indicated normal sinus rhythm and the laboratory work was normal. Echocardiography showed a cystic structure adjacent to the left atrium (Fig. A, B). Cardiac computed tomography revealed a huge coronary aneurysm originating from the proximal part of the circumflex artery. The aneurysm was compressing the left atrium (Fig. C) and a fistula tract was observed between the aneurysm and the left atrium. Coronary angiography confirmed a huge coronary aneurysm and fistulization to the left atrium (Fig. D, Video*). The patient was evaluated by the cardiovascular surgery department and surgery was planned. The patient refused surgery and was discharged without any problem.



Figures– (A) Parasternal long axis and (B) apical 5-chamber views from transthoracic echocardiography showing a cystic structure adjacent to the left atrium. LA: Left atrium; LV: Left ventricle; RV: Right ventricle. (C) Computed tomography image showing that the coronary aneurysm was mainly originating from the proximal part of the circumflex artery. The aneurysm was compressing the left atrium and a fistula tract could be seen between the aneurysm and the left atrium. (D) Left coronary angiography confirmed that the circumflex artery was the origin and that there was a left atrial fistula.

A: Aneurysm; Cx: Circumflex artery; LA: Left atrium; RA: Right atrium; RCV: Right ventricle.

*Supplementary video files associated with this presentation can be found in the online version of the journal.