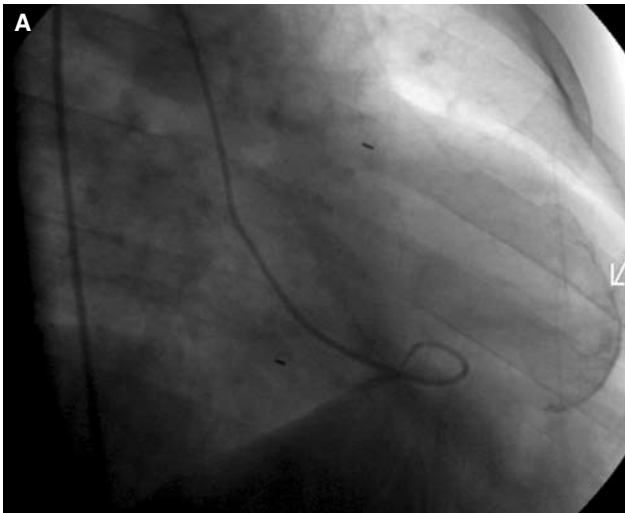


Case images

Unusual thrombus associated with calcific left ventricular aneurysm



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A 61-year-old male smoker presented with complaints of chest pain, weariness, and difficulty in breathing that worsened for the past several months. He had a history of myocardial infarction that occurred 23 years before, type 2 diabetes mellitus, hypertension, and hyperlipidemia. He was receiving antiangi-

nal, antihypertensive, oral antidiabetic, and antihyperlipidemic medications. On physical examination, his blood pressure was 110/60 mmHg, and pulse rate was 70/min and rhythmic. Pulmonary auscultation showed rales at the base of both lungs. Electrocardiography showed Q wave in V1-V6, D1, and aVL; ST-segment elevation of 2 mm in V2-V4; a biphasic T wave in V2-V5, and T wave inversion in D1 and aVL. Coronary angiography demonstrated severe stenoses in the following: distal left main and proximal left anterior descending coronary arteries

(70%), distal second diagonal branch (100%), proximal circumflex coronary artery (90%), distal second obtuse marginal (70%), and right coronary artery distal to the right ventricular branch (100%). Left ventriculography revealed a calcified left ventricular aneurysm containing an unusual thrombus (Fig. A-C). The patient was submitted to coronary artery bypass surgery.

Figures. Left ventriculography in the right anterior oblique projection: (A) Calcified aneurysm before contrast injection. Calcified left ventricular aneurysm containing a thrombus during (B) systole and (C) diastole.