A 69-year-old male patient was admitted with rest angina and severe heart failure symptoms (NYHA class IV) seven months after coronary artery bypass graft surgery and direct patch closure of a left ventricular apical aneurysm. 64-Slice computed tomography was performed to evaluate the coronary bypass graft and left ventricle function. It revealed a large left ventricular pseudoaneurysm (111x102x54 mm) arising from a defect on the apical patch that had been placed to repair the apical aneurysm (Fig. A-D).

**Figures. (A, B)** Oblique coronal multislice computed tomography images demonstrating a large left ventricular pseudoaneurysm arising from a defect on the apical patch (black arrow shows the defect on the left ventricular patch). Three-dimensional volume rendered images demonstrating the large left ventricular pseudoaneurysm from (C) anterior and (D) posterior projections. White arrows point the pseudo-aneurysm. LV: Left ventricle; AO:Ascending aorta; LA: Left atrium; AN: Pseudoaneurysm.