Acute myocardial infarction due to a large coronary aneurysm in Behçet’s disease

Behçet hastalığında büyük koroner anevrizmaya bağlı akut miyokart enfarktüsü

A 32-year-old man with Behçet’s disease presented with typical chest pain of 36-hour onset. His physical examination was normal. Levels of cardiac enzymes and troponin I were increased. Electrocardiography showed ST-segment depression in precordial leads. An emergency invasive intervention was initiated with the diagnosis of subacute anterior myocardial infarction. Coronary angiography showed a large aneurysm in the proximal segment of the left anterior descending artery with TIMI 0 flow (Fig. A). The large aneurysm was also demonstrated by multislice computed tomography (Fig. B, C). The patient underwent an emergency surgical intervention for repair of the coronary aneurysm. Behçet syndrome is a vasculitis that can affect all the arteries and veins. Coronary artery aneurysms are uncommon in Behçet’s disease.

Figures. (A) Coronary angiogram showing myocardial infarction in the proximal segment of the left anterior descending artery due to a large coronary aneurysm. (B, C) Demonstration of the large coronary aneurysm by multislice computer tomography.