A 63-year old man admitted to our clinic with a non-ST elevation myocardial infarction. He underwent coronary angiography (CAG) which revealed a 3-vessel disease. Therefore, a coronary artery bypass graft (CABG) operation was considered. CAG also revealed a rounded opacity under the heart which was mobile with cardiac movement during the CAG views (Fig. A). Transthoracic echocardiography revealed a 92*113 mm, thrombus-filled aneurysm in the left ventricular posterobasal region (Fig. B). We then performed multislice tomography to reveal the exact size and position of the aneurysm and it revealed an aneurysmatic dilatation of the left ventricular posterior wall which was 115x90x75 mm in size and filled with a thrombus that was mimicking a laying chicken image (Fig. C-F). Left ventricular posterobasal aneurysms are very rare, and patients are lost during the early stages due to complications. Surgical resection is the choice of treatment because of the risk of rupture. Our patient did not show any serious findings because of the nearly full-filled thrombus in the aneurysm which prevented a low cardiac output.

Laying heart: calcified left ventricular aneurysm
Yumurttayan kalp: Kalsifiye sol ventrikül anevrizması

Figures– (A) Angiographic image of the left ventricular aneurysm (B) Echocardiographic image of the left ventricular aneurysm. (C-F) Computerized tomographic images of the left ventricular aneurysm.