

Görüntülü olgu örnekleri

Case images

A giant calcified left ventricular aneurysm

Dev kalsifiye sol ventrikül anevrizması

Serhat Karadavut

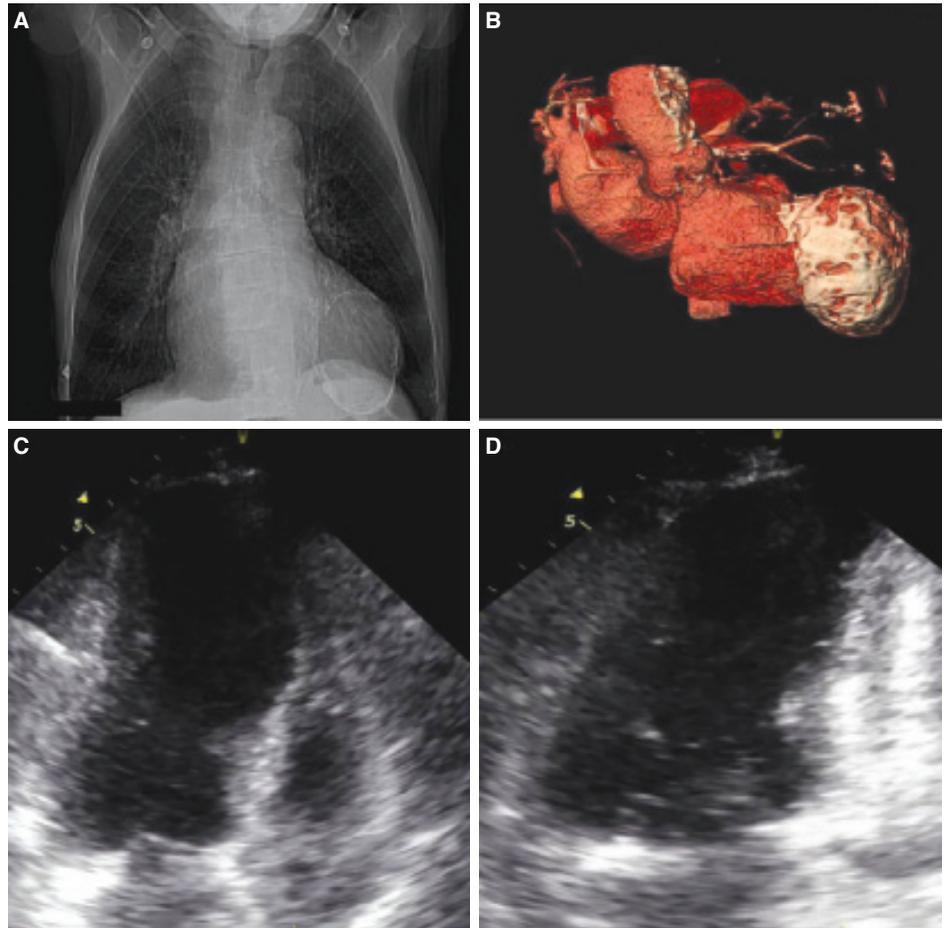
Shkelqim Hoxha

Mehmet Güngör Kaya

Mahmut Akpek

Department of Cardiology,
Erciyes University Faculty of
Medicine, Kayseri

Left ventricular aneurysm (LVA) is an important and unwanted complication of acute transmural myocardial infarction (MI). It is observed in approximately 5-8% of patients with acute ST-elevated MI. Herein, we report a giant calcified apical aneurysm occupying more than half of the left ventricle. An 83-year-old man admitted to the cardiology clinic with complaints of paroxysmal nocturnal dyspnea. The physical examination revealed S4 and an apical 2/6 holosystolic murmur. In history included MI 26 years ago and ischemic cardiomyopathy but coronary angiography was not performed. Electrocardiography revealed left bundle branch block and first-degree atrioventricular block. Chest X-ray showed a marked calcification on the left ventricular silhouette (Figure A, B). Transthoracic echocardiography demonstrated



Figures– (A) Oval-shaped calcified structure related to a calcified anteroapical left ventricular aneurysm. (B) Computed tomography showing an enlarged calcified left ventricular aneurysm. (C, D) Apical four- and two-chamber echocardiographic views show increased left ventricle diameter and large aneurysm.



decreased systolic function, apical aneurysm and moderate mitral regurgitation. Cardiac computed tomography clearly showed the huge calcified aneurysm (Figure C, D). The patient was healed with medical treatment and discharged after he refused any intervention. Surgical excision may be performed to improve worsening ventricular function due to remodeling, but

early intervention to coronary obstruction is the best treatment modality for acute MI. Aneurysm usually occurs as a result of large anterior wall infarcts and may result in rupture, heart failure or refractory ventricular arrhythmias. Thus, it is very important to perform diagnostic and therapeutic interventions in the acute phase of MI to prevent the mechanical complications.