penicillin G in combination with gentamycin. Blood cultures tested positive with Staphylococcus aureus. Because of the uncertain diagnosis, we planned computerized tomography (CT) of the chest. Computerized tomography revealed a pseudoaneurysm of the ascending aorta (Fig. 4). The patient underwent emergency aortic surgery. Although, intensive management and antimicrobial therapy was given, she developed multiple organ failure and died in the postoperative period. The present case demonstrates a mycotic aortic aneurysm, which is a rarely considered but serious complication of bacterial endocarditis. Mycotic aneurysm is an infrequent complication of arterial infection. Infected aortic aneurysm occurs about 0.7%-2.6% of all aortic aneurysms. Awareness and recognition of imaging features associated with infected aneurysms are all important for early diagnosis and institution of adequate therapy. Infected aneurysms are likely to rupture, with reported rupture rates of 53% to 75%. Urgent surgical intervention followed by long-term antibiotic therapy is the preferred treatment approach.

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Two giant coronary artery aneurysms accompanying aortic aneurysms

Aort anevrizmalara eşlik eden iki dev koroner arter anevrizması

A 72-year-old woman was admitted to our institution with the symptoms of back pain and fatigue. Ten years earlier, she had undergone open surgery for abdominal aortic aneurysm. Coronary angiography at that time had demonstrated mild aneurysmal dilatation of left anterior descending artery (LAD) (Fig. 1a) and right coronary artery (RCA) (Fig. 1b).

At her examination, thoracoabdominal computed tomography (CT) demonstrated one giant aneurysm of the descending thoracic aorta and fusiform aneurysmal dilatation of the abdominal aorta beginning from infrarenal segment through both common iliac arteries (Fig. 2). Furthermore, her CT images revealed two giant coronary artery aneurysms (CAA) at the proximal segments of LAD and RCA with maximum diameters of 6.9 and 6.6 cm, respectively (Fig. 3). Conventional angiography confirmed both of the CAA's (Video 1, 2. See corresponding video/movie images at www.anakarder.com). Since the anatomic loca-
tion of the aortic aneurysms was favorable for percutaneous interven-
tion, firstly, we implanted endovascular stent-grafts for the aortic aneu-
rysms (Fig. 4a). After the recovery period, the patient underwent suc-
cessful aneurysm resection and coronary artery bypass operation in-
cluding end-to-end anastomosis of the two edges of the LAD (red
arrow) and aorta-saphenous vein graft implantation (red arrowheads)
at the distal portion of the RCA and proximal ligation (yellow arrow) (Fig.
4b). This is the first reported case of a hybrid therapy for multiple aortic
aneurysms combined with giant CAA’s.

Our case supports the opinion that aneurysmal disease is a systemic
illness affecting multiple arterial segments including coronary arteries.

Gaucher’s disease with valvular, myocardial and aortic involvement in
a patient with oculomotor apraxia

Okülomotor apraksili bir hasta-da valvüler, miyokardiyal ve aortik tutulumlu Gaucher hastalığı

Gaucher disease (GD) is an autosomal recessive inherited defect of the
lysosomal enzyme glucocerebrosidase, which leads to glucocere-
broside accumulation in the reticuloendothelial system.

We report here a case of a 20-year-old woman who had been diag-
nosed as a type 3 GD histopathologically after liver biopsy at 10-
year of age. On her current physical examination oculomotor apraxia
was detected. On transthoracic echocardiography the mitral and aortic
valves were abnormally thickened and calcified (Fig. 1, 2). Transmural