A cardiac cyst presented with subacute anterior myocardial infarction

Subakut anteriyor miyokart enfarktüsü ile prezente olan kardiyak kist

An 51-year-old butcher was admitted to our hospital with retrosternal chest pain for 2 days. Physical examination was normal and electrocardiogram displayed subacute anterior myocardial infarction. Coronary angiography showed stenosis in the left anterior descending artery (LAD) with diagonal branch totally occluded and right coronary artery (RCA) stenosis with a calcified imaging in all projections (Fig.1 A,B). Transthoracic echocardiography revealed an anechoic lesion in the interventricular septum resembling to intramyocardial dissecting hematoma which is a an extremely rare, however, a mortal complication of myocardial infarction. The cystic mass was in the left ventricle and attached to the interventricular septum that 4.0x2.2cm in diameter, egg

shaped, with double layered and calcified (Fig.2, Video. See corresponding video/movie images at www.anakarder.com). The interventricular septum, apex and anterior wall were hypokinetic. Left ventricular ejection fraction was measured 45% (Modified Simpson) with mild mitral regurgitation. There was no obstruction in the left ventricular outflow tract.

What is your diagnosis?

- 1. Pseudoaneurysm
- 2. Intracavitary thrombosis
- 3. Intramyocardial dissecting hematoma
- 4. Hydatid cyst

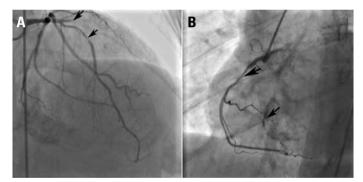


Figure 1. Coronary angiogram shows stenosis in proximal LAD and diagonal branch totally occluded (black arrows) (A), RCA stenosis and calcific imaging (black arrows) (B)

LAD - left anterior descending artery, RCA - right coronary artery



Figure 2. Transtorasic echocardiography in apical four chamber view shows cystic mass (arrow) in the left ventricle

Answer: p. 824

