Left Ventricular Herniation and Coronary Aneurysm

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Picture 1.

Picture 2.

A 62-year-old woman was admitted to our hospital for an evaluation of chest pain at rest. She had undergone surgery for valvular heart disease at 16 years of age, although the details of the surgical management were unknown. Coronary

angiography showed no stenotic lesions; however, it did reveal a solitary aneurysm in the distal portion of the right coronary artery (Picture 1). Left ventriculography disclosed a small aneurysm in the apex (Picture 2). Magnetic reso-

Picture 3.

nance imaging showed left ventricular herniation resulting from partial absence of the left pericardium (Picture 3). The hole in the left pericardium may have resulted from drainage during the surgical treatment. In addition, judging from the form of the coronary aneurysm and the patient's clinical history of chest pain, the coronary aneurysm might have been

caused by spontaneous coronary dissection. In order to prevent any enlargement of the coronary aneurysm and ventricular herniation, the patient was placed on intensive anti-hypertensive therapy.

The author states that he has no Conflict of Interest (COI).