Giant SVG Aneurysm in an AMI Patient

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A 66-year-old man who had undergone three-vessel coronary artery bypass graft surgery 23 years before was admitted to our hospital for chest pain. Coronary angiography (CAG) demonstrated occlusion of the distal saphenous vein graft (SVG) to the right coronary artery (RCA) (Picture A, yellow arrow) with aneurysmal dilatation (33×26 mm) of the mid vein graft containing a laminated thrombus (Picture A, red arrows). Grade 3 collateral vessels extending from the left circumflex to the distal RCA were observed (Picture B, red arrows). We considered the risk of distal embolism caused by pushing the thrombus in the SVG during wiring and/or balloon delivery to be very high, and the SVG aneurysm was very large, such that the risk of rupture was also high. We therefore stopped the anticoagulant therapy (warfarin) to occlude the SVG completely in order to reduce the risk of graft rupture. Three weeks later, CAG revealed SVG occlusion had been achieved by stopping the anticoagulant therapy (Picture C, yellow arrow). Although the maximum creatine kinase (CK) level was 1,820 IU/L and echocardiography showed mild decreased motion of the inferior portion of the left ventricle, the patient has been free of symptoms since discharge.

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