[PICTURES IN CLINICAL MEDICINE]

A Ruptured Large Pseudoaneurysm of the Left Ventricle

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Picture 1.

Picture 2.

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Picture 3.

A 66-year-old man presented with exertional dyspnea. One year earlier, he had undergone aortic graft replacement for Stanford type A aortic dissection and pericardial drainage for postoperative cardiac tamponade. On admission, transthoracic echocardiography (TTE) revealed a large pseudoaneurysm in the left ventricular (LV) postero-lateral wall and also the presence of a large (45 mm) defect (Picture 1A). A color Doppler image showed shunt flows passing from the pseudoaneurysm to the pericardial space (Picture 1B, arrow). The findings of contrast-enhanced computed tomography were consistent with those of TTE (Picture 2, arrow). 12-lead electrocardiography revealed an increased R wave in lead V1 and negative T waves in the infero-lateral leads (Picture 3). The patient was diagnosed to have a ruptured large pseudoaneurysm of the LV which was complicated with a silent myocardial infarction, and emergency left ventriculoplasty was therefore performed. Pericar-

dial adhesions between the LV free wall and pericardium may have prevented a fatal rupture of the large LV pseudoaneurysm (1, 2).

The authors state that they have no Conflict of Interest (COI).

References

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