A 54-year-old man who developed sudden-onset palpitations presented to our hospital. The initial electrocardiogram showed sustained ventricular tachycardia (VT) at 218 beats/min. Electrocardioversion successfully restored sinus rhythm (Picture 1). A transthoracic echocardiogram showed a well-circumscribed and internal anechoic structure located in the pericardium (Picture 2). Magnetic resonance (MR) imaging and coronary MR angiography revealed a large saccular type right coronary aneurysm (Picture 3, 4). No late gadolinium enhancement was identified. The analysis of the QRS morphology and axis suggested mechanical compression from the epicardial side by the aneurysm is the central pathogenesis of VT. Surgical repair through ligation, incision and cryoablation, successfully prevented VT (Picture 5). A coronary aneurysm is typically asymptomatic, and few reports
have shown the association between aneurysm and arrhythmia (1, 2). To our knowledge, this is the first case report showing a patient with sustained VT originating from the left ventricular inferior wall, probably due to a large right coronary aneurysm.

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

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References

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