

Eggplant-Like Coronary Aneurysm With Massive Thrombus

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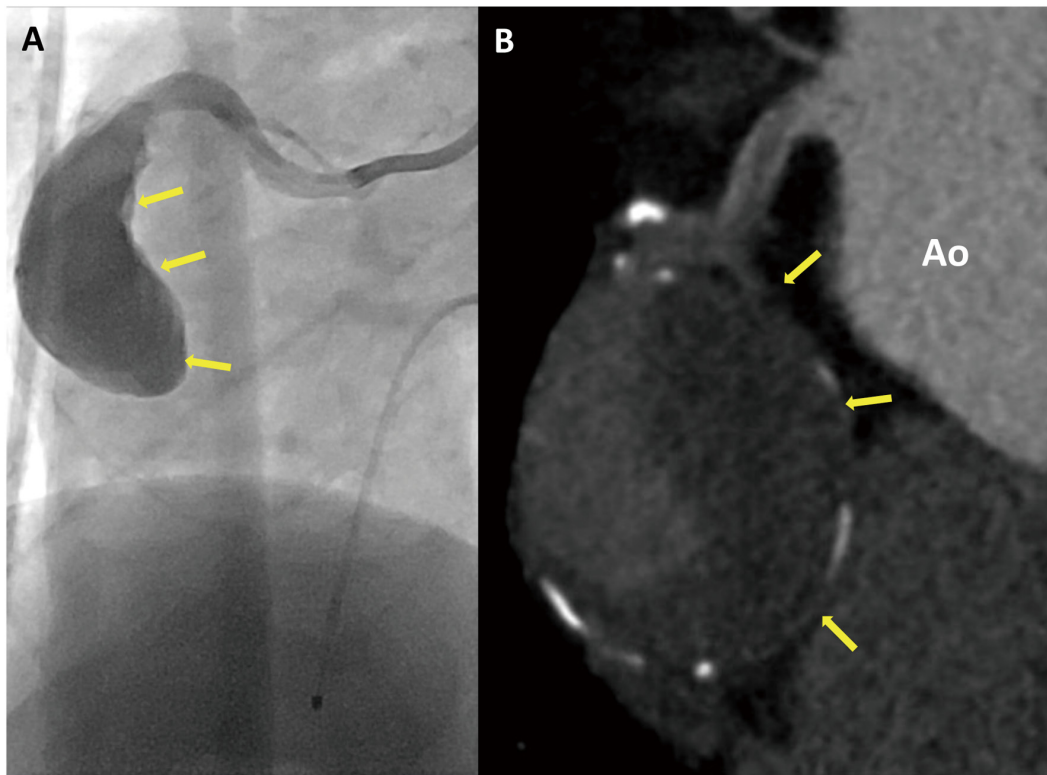


Figure. (A) Complete occlusion of the right coronary artery and a giant coronary aneurysm. There is a massive thrombus inside this aneurysm (yellow arrows). (B) Large coronary aneurysm with massive thrombus of 50mm diameter in the right coronary artery (yellow arrows). Ao, aorta.

A 54-year-old man with dyslipidemia and a history of smoking presented with a complaint of resting chest pain for 6h. On admission, his troponin T level was 3.73 ng/mL. The ECG showed ST elevation and negative T waves in II, III, and aVF. Echocardiography showed contractile dysfunction in the right ventricle and of the inferior wall in the left ventricle. Emergency coronary

angiography showed complete occlusion of the right coronary artery and a giant coronary aneurysm in the proximal artery (**Figure A**). The inside of the coronary aneurysm showed thrombus deposit, and although we tried to cross the guidewire carefully, we could not pass through it. Coronary computed tomography angiography showed a large aneurysm with a diameter of 50mm in the right

Received November 17, 2021; revised manuscript received December 20, 2021; accepted December 23, 2021; J-STAGE Advance Publication released online January 18, 2022 Time for primary review: 17 days

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ISSN-2434-0790



coronary artery associated with a massive thrombus, with no blood flow distal to the aneurysm (**Figure B**). Multiple aneurysms were also observed in the anterior descending and circumflex branches of the left coronary artery (**Supplementary Figure A**). Both the left and right coronary arteries showed calcification (**Supplementary Figure B**). Serum creatine kinase peaked at 3,110 IU/L, warfarin therapy was initiated, and the patient was ambulant when discharged from hospital.

Although vasculitis such as Kawasaki disease is a common background disease for coronary aneurysms,¹ this patient had no history of Kawasaki disease, and markers for vasculitis and collagen disease were negative, thus the actual cause of this situation remains unknown.

Acknowledgments / Funding / Declaration of Competing Interests

None.

Reference

1. Singhal M, Vignesh P, Khandelwal N, Singh S. Calcified saccular coronary artery aneurysm of Kawasaki disease. *J Clin Rheumatol* 2020; **26**: e96.

Supplementary Files

Please find supplementary file(s);
<http://dx.doi.org/10.1253/circerep.CR-21-0149>