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CLINICAL IMAGE

Left ventricular aneurysm: a rare complication of an acute myocardial infarction in the modern era

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A 56-year-old female with a history of well-controlled hypertension and gastroesophageal reflux disease presented with an inferolateral ST segment elevation myocardial infarction >48 h after the onset of chest pain. She underwent a coronary angiogram, which demonstrated complete occlusion of the left circumflex coronary artery, which was treated with a drugeluting stent. A transthoracic echocardiogram (TTE) performed on Day 3 post acute myocardial infarction (AMI), revealed a dilated left ventricle (LV) with near normal systolic function (Fig. 1A). The patient was subsequently discharged home on appropriate medical therapy. She represented 2 weeks later with symptoms of decompensated congestive cardiac failure. A repeat TTE revealed significant impairment of LV function and a prominent LV aneurysm in the lateral wall with the aneurismal neck measuring 57 mm (Fig. 1B). Reconstructed CT images demonstrated a large aneurysm in the posterolateral wall of the LV (Fig. 2). The mouth of the aneurysm measured 64 mm \times 49 mm. She subsequently had a LV aneurysmectomy and repair with a bovine pericardial patch. A follow-up TTE revealed a significantly smaller residual apicolateral wall aneurysm, with residual moderate impairment of LV function (Fig. 1C).



Figure 1: Serial transthoracic echocardiogram images in apical 4 chamber views showing day 3 post AMI (A), day 19 post AMI (B) and post aneurysmectomy (C), large left apicolateral ventricular aneurysm (arrow); repaired aneurysm with pericardial patch (bold arrow).

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Figure 2: Axial CT (A) showing large aneurysm and rim of hematoma (bold-arrow), CT reconstruction images (B) showing size of aneurysm (arrow).

LV aneurysms post MI, are a well-recognised, yet rare complication in the current era of percutaneous coronary intervention [1]. Large LV aneurysms as a result of transmural ischemia as described in this case, are very rarely seen. LV aneurysmectomy is a surgical technique that carries good overall prognosis and can restore LV systolic function in some cases [2]. This case highlights the value of echocardiography and multimodality imaging in characterising these complications of AMI [3].

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Conflicts of interest statement: None declared.

ETHICS APPROVAL

This project meets all ethical guidelines and adheres to local legal requirements.

CONSENT

Written consent for submission and publication of this case report including images and associated text has been obtained from the patient.

GUARANTOR

The nominated Guarantor is Dr Shaun Khanna.

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