Coexistent true and false left ventricular aneurysms

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The patient was a 72-year-old man who had recently suffered an acute inferior wall myocardial infection and was referred for evaluation of a suspected left atrial mass seen on transesophageal echocardiography (TEE). TEE (Fig. 1) showed a true aneurysm of the inferior wall (LVA) and posterior myocardial rupture with false aneurysm (FA) formation; thrombus was evident within the false aneurysm, not in the left atrium. Cardiac catheterization revealed severe triple vessel disease, and ventriculography in the RAO projection (Fig. 2) demonstrated the LVA arising from the inferior wall of the left ventricle (LV), and its communication with the FA (arrows). Triple coronary bypass was performed, the true aneurysm was resected, and the communication with the false aneurysm closed with fibrin glue. Although the patient was successfully weaned from cardiopulmonary bypass with the aid of an intra-aortic balloon pump, he died 3 weeks postoperatively of multiple organ dysfunction.

Fig. 1. TEE at a 90° plane showing an inferior L.V. aneurysm, and a false aneurysm containing thrombus.

Fig. 2. Cardiac catheterization, RAO projection. The inferior wall aneurysm is seen to communicate with a false aneurysm (arrows).