A 40-year-old, previously healthy man presented with spontaneously new-onset ventricular tachycardia (Fig. 1a). Magnetic resonance imaging revealed a left ventricular aneurysm (Fig. 1b). Coronary angiogram documented patent coronary arteries. Aneurysmorraphy was performed after intra-operative electrophysiologic mapping. The aneurysm was incised and separated from left ventricular wall with a Dacron patch, and the aneurysm

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**Fig. 1.** (a) ECG shows monomorphic ventricular tachycardia on arrival to the emergency department. Cardioversion was performed and the cardiac rhythm was converted to normal sinus rhythm. (b) ECG-gated magnetic resonance imaging of the heart (systolic phase, T2-weighted image, right anterior oblique view) reveals a left ventricular aneurysm at the posterior wall (arrow).
wall was covered back on the patch. Histologically, degenerated cardiomyocytes were seen (Fig. 2). He has been well, without a recurrence of arrhythmia afterwards, for more than 1 year.

Fig. 2. Histological examination shows degenerated cardiomyocytes with interstitial fibrosis (arrows) at left corner, compatible with old inflammation process leading to the aneurysm formation (hematoxylin and eosin, × 400). He had been infected by scrub typhus during his childhood, which probably contributed to the myocardial inflammation and formation of the first case of tsutsugamushi-related left ventricular aneurysm.