A Marfan patient presented with a bilobar apical pseudoaneurysm after repeated surgery. These abnormalities were demonstrated by three-dimensional-echo, Doppler, and CT-reconstruction. The pseudoaneurysm was related to an apical venting procedure. In this case, a conservative approach was chosen, although in general, pseudoaneurysms form an indication for operative correction, because of the risk of rupture and acute tamponade.
References


Figure 1  Two-dimensional and continuous Doppler flow pattern showing velocities up to 4.5 m/s during systole towards the transducer at the apex, which reverses during diastole.

Figure 2  Three-dimensional echocardiography shows that the left ventricular cavity communicates through a fistula with the pseudoaneurysm (A) which itself is connected to the intrapericardial false cavity (B) through another fistula (solid arrow).

Figure 3  Three-dimensional CT-reconstruction, left oblique view. Pseudoaneurysm 17 mm wide (dotted arrow), and just beneath that a 40 mm wide intrapericardial cavity exists (solid arrow).