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CASE IMAGE

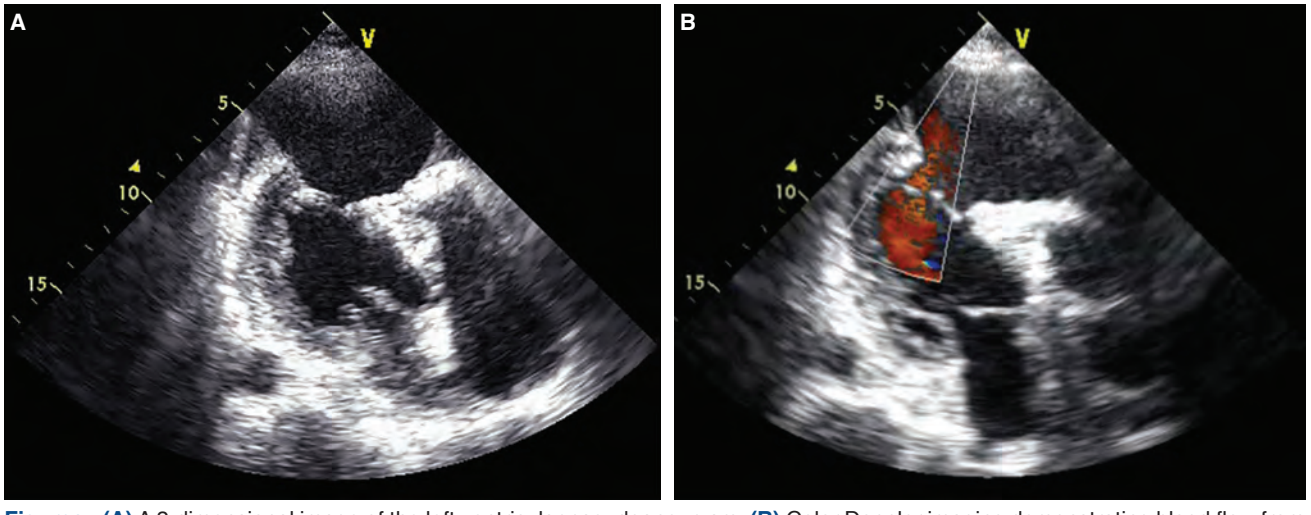
Left ventricle pseudoaneurysm detected eight months after myocardial infarction

Miyokart enfarktüsünden sekiz ay sonra saptanan sol ventrikül psödoanevrizması

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A 68-year-old female with a history of hypertension presented with chest pain lasting for 8 hours and was admitted with the diagnosis of acute lateral myocardial infarction. Primary balloon angioplasty was performed for a totally occluded diagonal artery that had a <2 mm diameter and the patient was subsequently discharged uneventfully. After about 8 months, she presented with New York Heart Association Class II exertional dyspnea. A physical examination was unremarkable. The results of an electrocardiogram revealed an ST-segment depression of 1 mm in the inferolateral leads. Transthoracic echocardiography revealed preserved systolic function, and a defect at the apicolateral portion of the left ventricle free wall with a large pseudoaneurysm (Figure A, B, Video 1*). Color Doppler imaging demonstrated blood flow from the left ventricle into the pseudoaneurysm (Video 2*). Since the risk of rupture was high, a surgical repair was planned without delay. Preoperative coronary angiography revealed 70% stenosis in the previously accessed diagonal artery. The patient was discharged after successful surgical excision of the pseudoaneurysm and repair of the left ventricular free wall (Video 3*).



Figures– (A) A 2-dimensional image of the left ventricular pseudoaneurysm. **(B)** Color Doppler imaging demonstrating blood flow from the left ventricle to the pseudoaneurysm.

*Supplementary video files associated with this presentation can be found in the online version of the journal.