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

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.