Giant left ventricular pseudoaneurysm following coronary artery bypass graft surgery

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Pseudoaneurysm occurs when wall rupture is covered by thickened pericardium. Computed tomography (Fig. 1) and magnetic resonance (Fig. 2) imaging in a 70-year old man with chest pain depicted the occlusion of a coronary artery bypass graft and a pseudoaneurysm communicating with the left ventricular cavity through an inferior wall defect (Supplementary Videos S1 and S2).

Supplementary material (Video 1 and Video 2) is available at EJCTS online.

Figure 1: Multi-planar reconstructed (a) and volume rendered (b) computed tomography images showed a giant pseudoaneurysm (~10 × 10 cm, p), partially thrombosed (t), within the inferior pericardial space and the rupture of the left ventricular inferior wall (arrowheads).

Figure 2: Late-enhancement T1-weighted (a) and T2-weighted (b) magnetic resonance images confirmed the presence of the pseudoaneurysm (p) with the enhancement of the surrounding thickened pericardial layers (arrowheads) and revealed a trans-mural haemorrhagic inferior myocardial infarction (arrow in a); T2-weighted images demonstrated the presence of oedema in adjacent myocardium (arrow in b), sign of acute re-infarction. A 'fresh' thrombus (t) was observed in the right portion of the pseudoaneurysm.

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