A 59-year-old Hispanic woman with no significant medical history presented with a stroke while travelling on a South East Asian cruise. Work up included an echocardiogram showing a large multilobulated aneurysm (arrow) with a base measuring 2.2 cm (green line) with several smaller lobulations in the parasternal long-axis view (Panel A). A zoom in the parasternal view showing a frond-like appearance of the interventricular septal aneurysm (Panel B, arrow). A parasternal long-axis view with colour Doppler showing the aneurysm (arrow) with no evidence of left-to-right shunt suggestive of ventricular septal defect (VSD) flow (Panel C) and a parasternal short-axis view showing the out pouching of the aneurysm (arrow) with no VSD flow (Panel D).

Cardiac septal aneurysm is a rare cardiac anomaly and an infrequent finding in adult patients. It is uncommon but a well-recognized abnormality. It is estimated to be 0.2–3% in the general population. Among the different location of the aneurysm, the interventricular septal aneurysm is about 8% of all aneurysm of the ventricle. The membranous portion of the septum is the weakest portion of the interventricular septum; thus, it is hypothesized that the development of the aneurysm relates its formation to the natural spontaneous closure of a VSD.

Complications such as spontaneous rupture, infection such as bacterial endocarditis, thrombus formation, cerebral infarction secondary to embolism, rhythm disturbances or heart blocks, obstruction of the right or left ventricular outflow tract, and valvular defect such as severe tricuspid regurgitation can occur. Treatment involves surgically repairing the aneurysm especially if complications are present.

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