

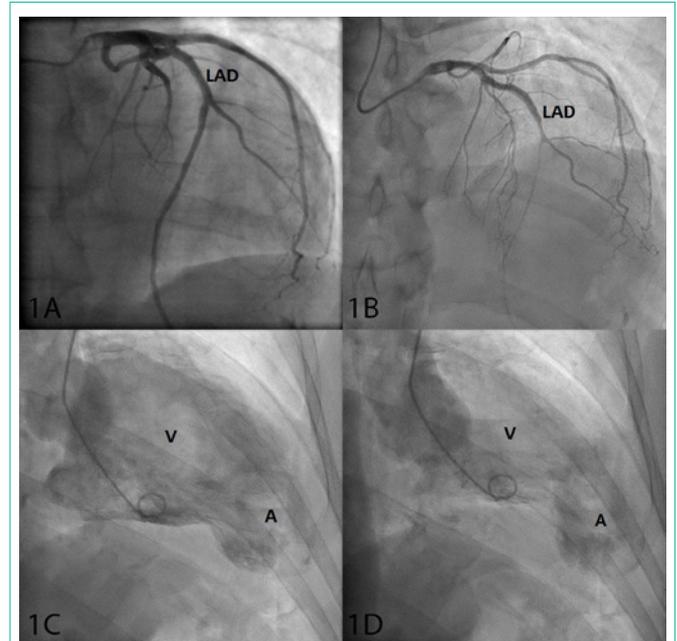
## Clinical Image

# Massive Left Ventricular Aneurysm Following Out of Hospital Cardiac Arrest

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## Clinical Image

A 67 year old male was transferred to our institution for coronary angiography following an out of hospital cardiac arrest with successful defibrillation. He had a large left ventricular aneurysm identified during coronary angiography twenty years prior, which had been under surveillance with regular echocardiography. His most recent coronary angiogram two years prior to presentation showed a patent Left Anterior Descending Artery (LAD) (Figure 1). Angiography at the time of presentation revealed a patent stent in the LAD with atresia of the distal vessel (Figure S1). Ventriculography showed a large apical aneurysm (Figure S2 and S3). No further revascularisation was performed. An implantable cardiac defibrillator was inserted and the patient was referred for consideration of aneurysmectomy. The angiographic findings in this case may represent the natural history of a patent vessel subtending a non-viable territory. The development of coronary atresia may reflect the futility of revascularizing into non-viable myocardium.



**Figure 1:** A) Coronary Angiogram two years prior to presentation showing a stent in the proximal Left Anterior Descending Artery (LAD), with a patent distal vessel. B) Coronary Angiogram at presentation showing a patent stent in the Left Anterior Descending Artery with atresia of the distal vessel (LAD). C) Ventriculogram showing Left Ventricle (V) in end diastole with large apical aneurysm (A). D) Ventriculogram showing Left Ventricle (V) in end systole with large apical aneurysm (A).