

Clinical Image

A Third Ventricle? Voluminous Left Ventricular Pseudoaneurysm Following a Silent Myocardial Infarction

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An elderly patient presented with a first episode of NYHA class III functional heart failure. The electrocardiogram (ECG) presented sinus rhythm with lateral Q waves suggestive of subacute myocardial infarction. Laboratory studies showed negative troponin I and elevated brain natriuretic peptide levels. First suspected by trans-thoracic echocardiography, cardiac computed tomography (CT) scan showed a left ventricle (LV) lateral wall pseudoaneurysm measuring 100 x 55 mm with myocardial dissection near the anterolateral papillary muscle of the mitral valve (Figure, panel A, red arrow). 3D-CT imaging clearly illustrated LV lateral wall pseudoaneurysm (Figure, panel B, arrow). Coronary angiogram revealed a totally occluded circumflex artery. Urgent surgery was performed and successfully resected and closed the pseudoaneurysm.

LV pseudoaneurysm can occur when cardiac rupture is contained by adherent pericardium or scar tissue. It represents a very rare complication of MI and is typically detected during diagnostic tests for heart failure.

