Multiple Complications in A Patient with Acute Myocardial Infarction

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A 66–year-old man presented to our coronary care unit with retrosternal pain which had begun 6 days before admission. The patient had a history of diabetes mellitus and hypertension. A loud holosystolic murmur was heard at the lower left sternal border and was accompanied by a thrill. Blood pressure was 95/60 mmHg. Electrocardiography showed sinus tachycardia with a rate of 116 beats/min and QS formation in leads III, aVF. Transthoracic echocardiography (TTE) revealed inferoposterior wall pseudoaneurysm of the left ventricle with a thrombus (Fig. 1), akinetic septum and rupture of the interventricular septum (defect size: 1.1 cm) (Fig. 2), ischemic mitral regurgitation, apical aneurysm with a mural thrombus (Fig. 3). Left ventricular ejection fraction was 37%, and pulmonary artery systolic pressure was measured as 58 mmHg. The patient underwent cardiac catheterization, which demonstrated the proximal total occlusion of right coronary artery, 95% stenosis in the dominant 1st obtuse marginal, luminal irregularity in the left anterior descending brauch artery. The left ventriculogram showed ventricular septal defect (VSD) with a Qp/Qs ratio >2.0 and wall motion abnormalities. The TTE findings were confirmed at the surgical procedure. The coronary artery bypass graft surgery and surgical closure of VSD and pseudoaneurysm were performed. No shunt and no residual pseudoaneurysm formation was observed by control TTE. He was discharged after a week, and his hemodynamic condition was well.

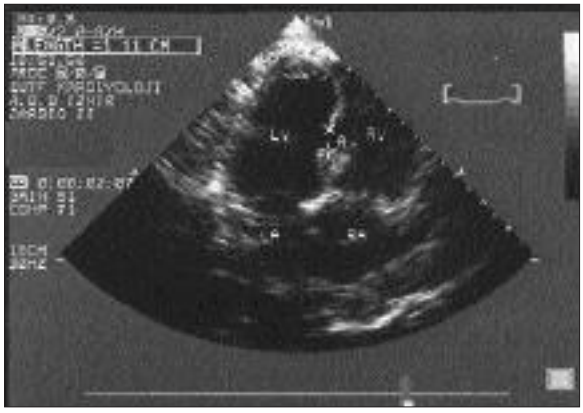

Figure 1. Two-dimensional transthoracic echocardiogram shows ruptured interventricular septum in the apical 4-chamber view.

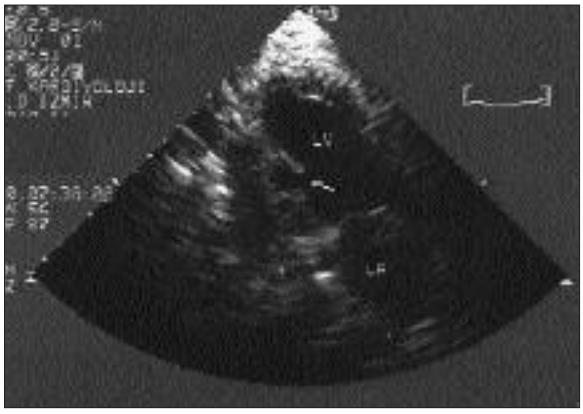

Figure 2. Inferoposterior wall pseudoaneurysm of the left ventricle with a thrombus is noted on transthoracic echocardiography (arrow).

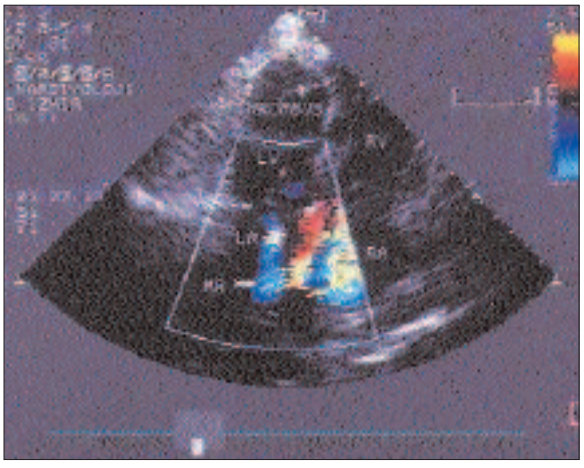

Figure 3. Color Doppler transthoracic echocardiogram, apical four chamber view. The color jet of the mitral regurgitation in the left atrium, and apical aneurysm of the left ventricle with a mural thrombus.