penicillin G in combination with gentamycin. Blood cultures tested positive with Staphylococcus aureus. Because of the uncertain diagnosis, we planned computerized tomography (CT) of the chest. Computerized tomography revealed a pseudoaneurysm of the ascending aorta (Fig. 4). The patient underwent emergency aortic surgery. Although, intensive management and antimicrobial therapy was given, she developed multiple organ failure and died in the postoperative period. The present case demonstrates a mycotic aortic aneurysm, which is a rarely considered but serious complication of bacterial endocarditis. Mycotic aneurysm is an infrequent complication of arterial infection. Infected aortic aneurysm occurs about 0.7%-2.6% of all aortic aneurysms. Awareness and recognition of imaging features associated with infected aneurysms are all important for early diagnosis and institution of adequate therapy. Infected aneurysms are likely to rupture, with reported rupture rates of 53% to 75%. Urgent surgical intervention followed by long-term antibiotic therapy is the preferred treatment approach.

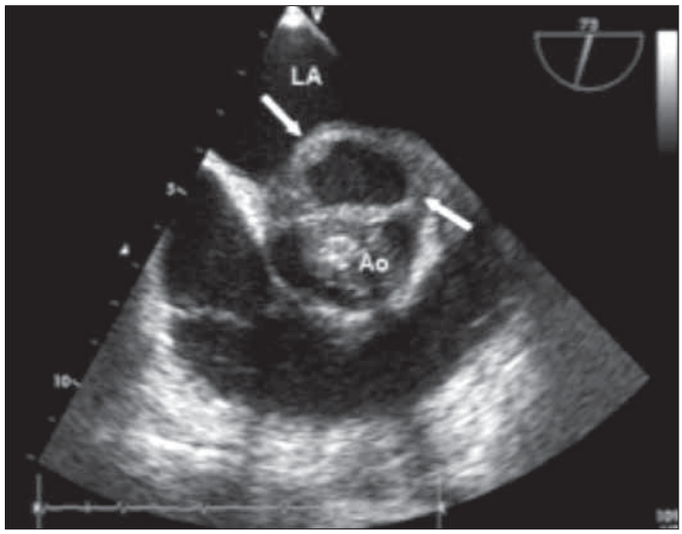

Figure 3. Transesophageal echocardiography view showing mitral-aortic intervalvular abscess (arrows) and blood flow in it

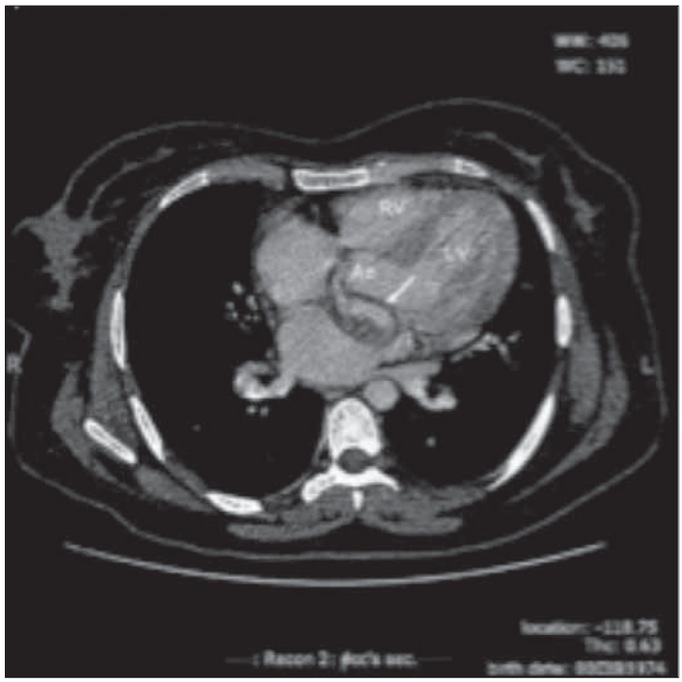

Figure 4. An axial computed tomography image demonstrates a pseudoaneurysm extending from the aorta to the left ventricle measuring 3cm (arrow). A thrombus is surrounding the lesion

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Two giant coronary artery aneurysms accompanying aortic aneurysms

Aort anevrizmalarına eşlik eden iki dev koroner arter anevrizması

A 72-year-old woman was admitted to our institution with the symptoms of back pain and fatigue. Ten years earlier, she had undergone open surgery for abdominal aortic aneurysm. Coronary angiography at that time had demonstrated mild aneurysmal dilation of left anterior descending artery (LAD) (Fig. 1a) and right coronary artery (RCA) (Fig. 1b).

At her examination, thoracoabdominal computed tomography (CT) demonstrated one giant aneurysm of the descending thoracic aorta and fusiform aneurysmal dilation of the abdominal aorta beginning from infrarenal segment through both common iliac arteries (Fig. 2). Furthermore, her CT images revealed two giant coronary artery aneurysms (CAA) at the proximal segments of LAD and RCA with maximum diameters of 6.9 and 6.6 cm, respectively (Fig. 3). Conventional angiography confirmed both of the CAA's (Video 1, 2. See corresponding video/movie images at www.anakarder.com). Since the anatomic loca-

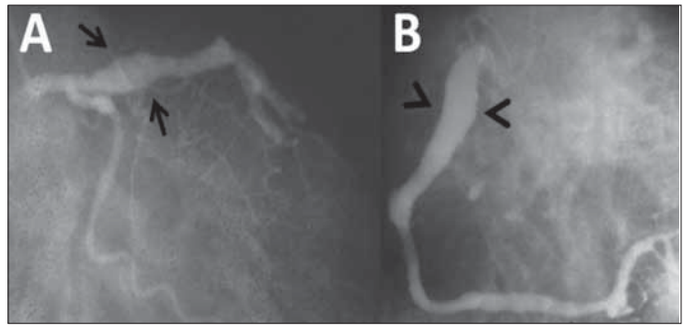

Figure 1. Coronary angiography view of aneurysmal dilatation of the LAD and RCA performed ten years earlier
LAD - left anterior descending artery, RCA - right coronary artery

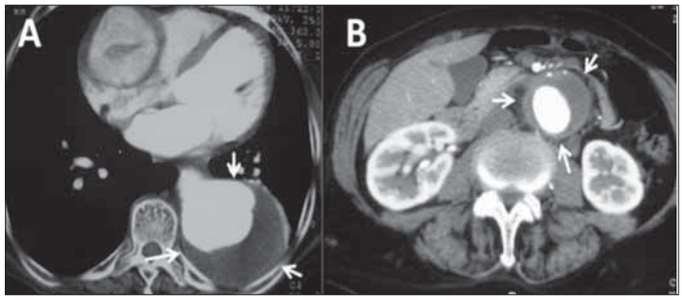

Figure 2. Transaxial thoracoabdominal CT images of thoracic and abdominal aorta aneurysms
CT - computed tomography

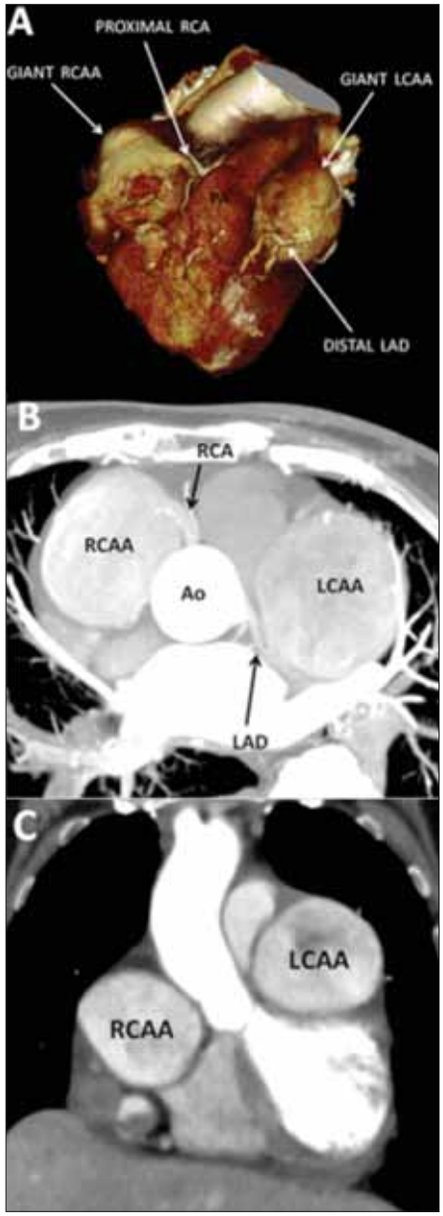

Figure 3. Coronary MDCT images of the left and right coronary artery aneurysms
LAD - left anterior descending artery, LCAA - left coronary artery aneurysm, MDCT - multidetector computed tomography, RCA - right coronary artery, RCAA - right coronary artery aneurysm

tion of the aortic aneurysms was favorable for percutaneous intervention, firstly, we implanted endovascular stent-grafts for the aortic aneurysms (Fig. 4a). After the recovery period, the patient underwent successful aneurysm resection and coronary artery bypass operation including end- to- end anastomosis of the two edges of the LAD (red arrow) and aorta-saphenous vein graft implantation (red arrowheads) at the distal portion of the RCA and proximal ligation (yellow arrow) (Fig. 4b). This is the first reported case of a hybrid therapy for multiple aortic aneurysms combined with giant CAA's.

Our case supports the opinion that aneurysmal disease is a systemic illness affecting multiple arterial segments including coronary arteries.

Figure 4. a) Thoracoabdominal MDCT images after endovascular graft stent implantation. b) Cardiac MDCT image obtained after the aneurysm resection and CABG operation
CABG - coronary artery bypass surgery, MDCT - multidetector computed tomography

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Gaucher's disease with valvular, myocardial and aortic involvement in a patient with oculomotor apraxia

Okülomotor apraksili bir hastada valvüler, miyokardiyal ve aortik tutulumlu Gaucher hastalığı

Gaucher disease (GD) is an autosomal recessive inherited defect of the lysosomal enzyme glucocerebrosidase, which leads to glucocerebroside accumulation in the reticuloendothelial system.

We report here a case of a 20-year-old woman who had been diagnosed as a type 3 GD histopathologically after liver biopsy at 10- year of age. On her current physical examination oculomotor apraxia was detected. On transthoracic echocardiography the mitral and aortic valves were abnormally thickened and calcified (Fig. 1, 2). Transmitral