

**Figure 3. The mass histopathology was compatible with myxoma**

Most cerebral embolic events in young patients are of cardiac origin. Atrial thrombus accounts for about half of cardiac embolism cases. Cardiac myxoma, the most frequent cardiac tumor, is rare cause but an important etiology of stroke in young patients. It is difficult to distinguish myxoma from thrombus due to similar echocardiographic features on TTE in patients with atrial fibrillation associated with rheumatic mitral valve disease. TEE is helpful to discriminate between myxoma and thrombus.

**Video 1.** TTE revealing mobile homogeneous mass in the left atrium.

**Video 2.** 2-D TEE showing highly mobile homogeneous pedunculated mass arising from the anterior interatrial septum.

**Video 3.** 3-D TEE showing highly mobile mass.

Servet İzci, Muhittin Demirel, Emrah Acar, Cüneyt Toprak, Gonca Geçmen<sup>1</sup>

Department of Cardiology, Kartal Koşuyolu Cardiovascular Research and Training Hospital; İstanbul-Turkey  
<sup>1</sup>Department of Pathology, Kartal Lütfi Kırdar Research and Training Hospital; İstanbul-Turkey

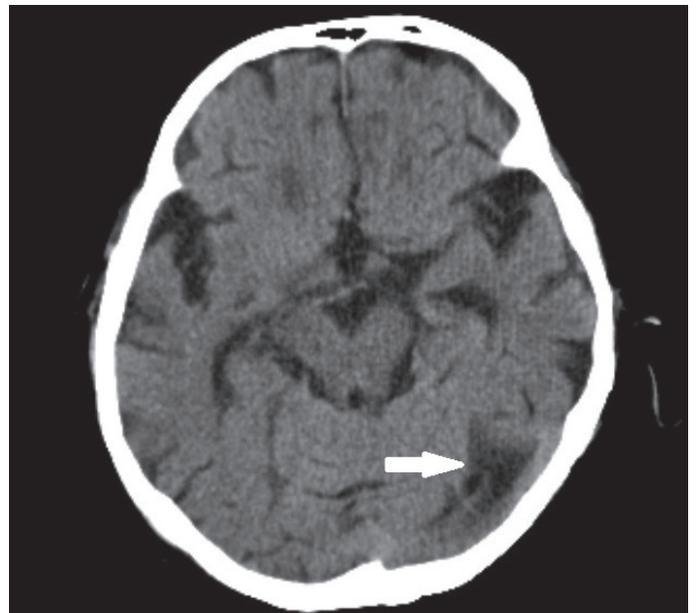
**Address for Correspondence:** Dr. Muhittin Demirel  
 Kartal Koşuyolu Kardiyovasküler Eğitim ve Araştırma Hastanesi  
 Kardiyoloji Bölümü, Kartal, 34786, İstanbul-Türkiye  
 E-mail: muhi7343@gmail.com

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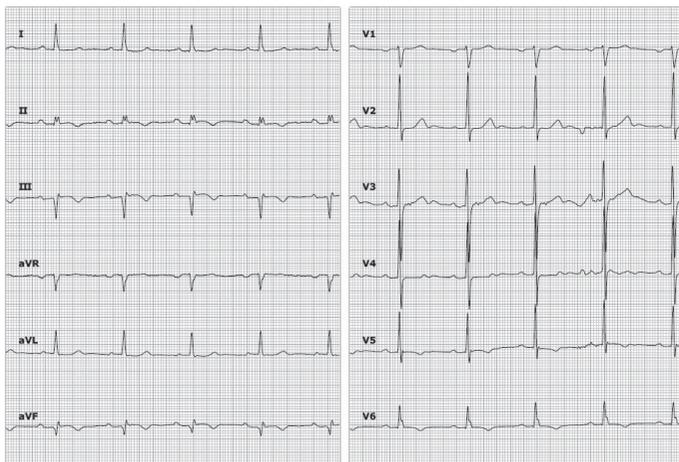
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## A giant left ventricular pseudoaneurysm presenting with transient ischemic attack 7 years after acute myocardial infarction: A deep investigation via multiple imaging modalities 🎥

Left ventricular pseudoaneurysm (LVPA) develops when myocardial rupture is contained by pericardial adhesions and thrombus formation. We present a unique case report of LVPA with illustrative and demonstrative images. A 75-year-old male patient was admitted to emergency department with a complaint of temporary verbal aphasia. Seven years earlier, the patient had suffered an inferior myocardial infarction that was treated with left anterior descending artery (LAD)-saphenous vein graft (SVG) and right coronary artery (RCA)-SVG bypass surgery. His symptoms were completely resolved before admission and neurological examination was normal. Cranial multi-detected computed tomography (MDCT) revealed location of ischemic stroke at

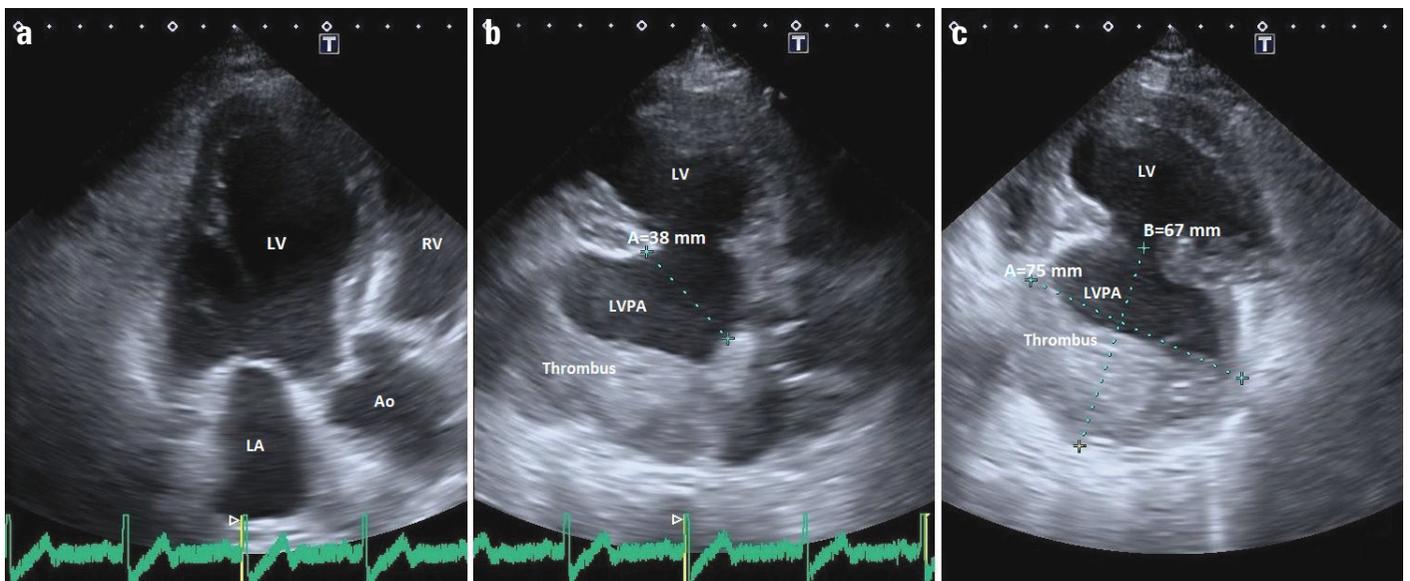


**Figure 1. Cranial computed tomography shows location of ischemic stroke at chronic stage in left occipital lobe (white arrow)**

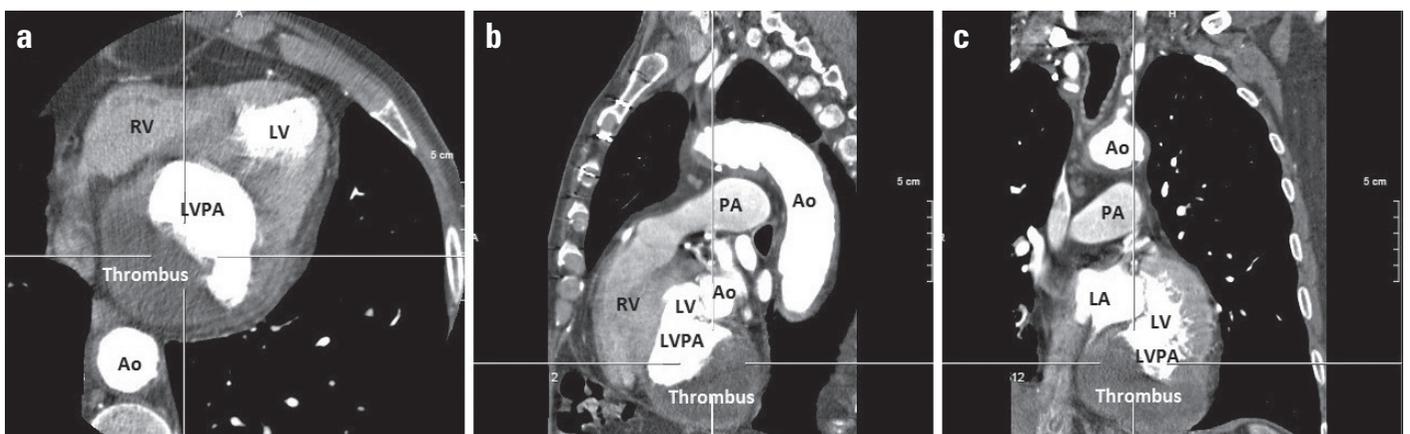


**Figure 2.** Electrocardiogram shows ST segment elevation and deep Q waves in lead D3 and aVF, consistent with left ventricular aneurysm

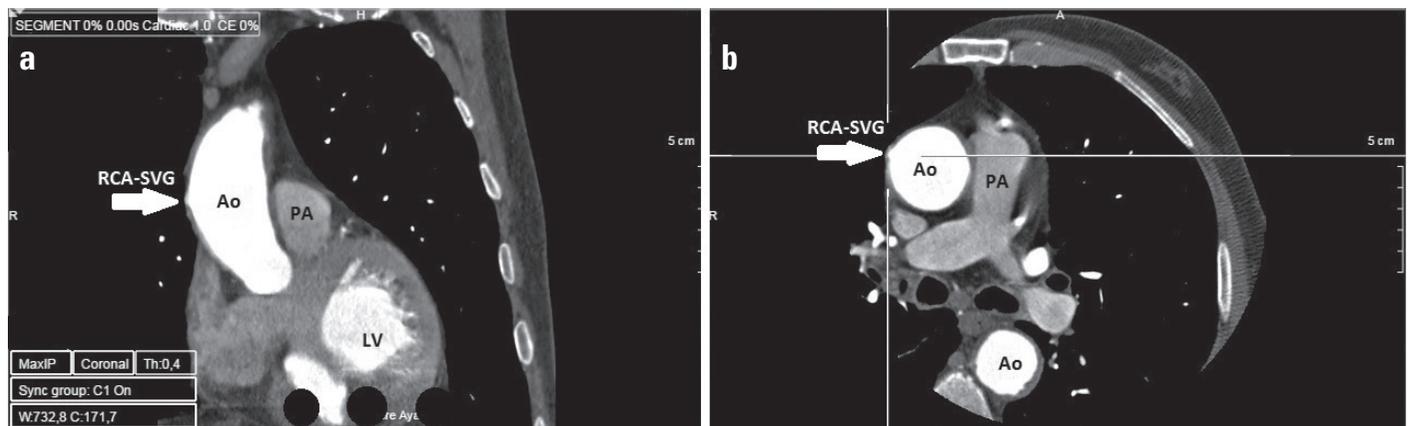
chronic stage in left occipital lobe (Fig. 1). His electrocardiogram showed ST segment elevation and deep Q waves in leads D3 and aVF (Fig. 2). Echocardiogram revealed presence of large (max. dimensions: 67x75 mm; entrance size: 38 mm) thrombosed LVPA of the inferior wall (Fig. 3, Videos 1–3). Coronary angiography demonstrated normal functioning of LAD-SVG and left circumflex artery, and total occlusion of RCA. RCA-SVG stump was not visualized. Contrast-enhanced-cardiac-MDCT confirmed LVPA exiting the inferior wall (max. dimensions: 65x71x85 mm) and total occlusion of RCA-SVG from the origin (Figs. 4–7). In consultation with cardiovascular surgical team, decision was made for urgent surgery. However, the patient denied the therapy. Therefore, anticoagulation medications warfarin and enoxaparine were administered. After reaching target level, the patient was discharged and called for a check-up after a month. Echocardiogram revealed the persistence of thrombus inside LVPA.



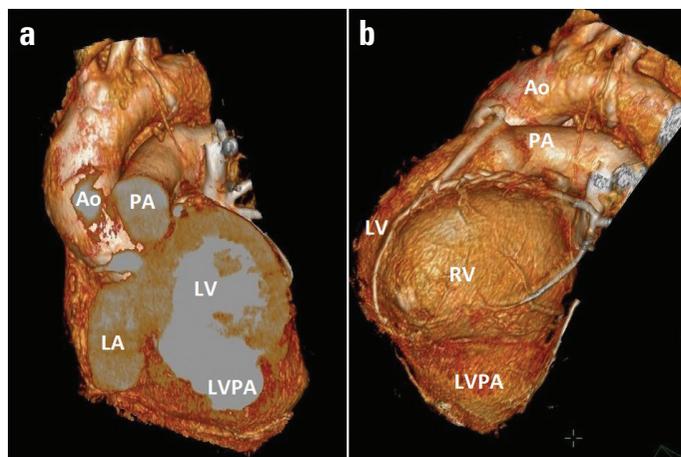
**Figure 3.** (a) Transthoracic echocardiography (TTE) with apical modified 4-chamber view shows near-normal examination. (b, c) TTE with parasternal short-axis view shows giant (67x75 mm) and partially thrombosed left ventricular pseudoaneurysm directly communicating with left ventricular chamber through 38 mm breach



**Figure 4.** (a–c) Horizontal, sagittal, and coronal cardiac computed tomography scans show thrombosed left ventricular pseudoaneurysm with thin outer layer



**Figure 5.** (a, b) Coronal and horizontal cardiac computed tomography scans show right coronary artery-saphenous vein graft totally occluded from anastomosis point



**Figure 6.** (a, b) 3-D cardiac computed tomography scans show internal and external view of the left ventricular pseudoaneurysm

**Video 1.** Transthoracic echocardiography with parasternal long-axis view shows left ventricular pseudoaneurysm.

**Video 2.** Transthoracic echocardiography with parasternal short-axis view shows left ventricular pseudoaneurysm.

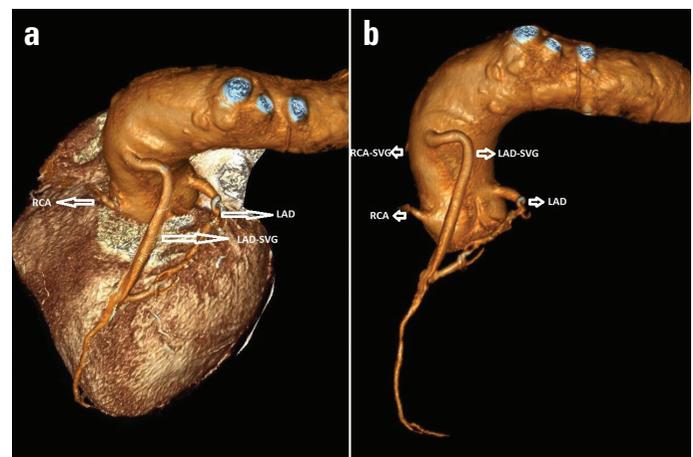
**Video 3.** Transthoracic echocardiography with parasternal short-axis view shows left ventricular pseudoaneurysm and color inflow.

**Muhammed Keskin, Taha Keskin<sup>1</sup>, Muhsin Nuh Aybay<sup>2</sup>**

Department of Cardiology, Dr. Siyami Ersek Thoracic and Cardiovascular Surgery Training and Research Hospital; İstanbul-Turkey

<sup>1</sup>Department of Medicine, Albert Einstein College of Medicine, Yeshiva University; New York, NY-USA

<sup>2</sup>Department of Radiology, Konya Training and Research Hospital; Konya-Turkey



**Figure 7.** (a, b) 3-D cardiac computed tomography scans show totally occluded left anterior descending artery, right coronary artery, right ventricle-saphenous vein graft, and patent left anterior descending artery-saphenous vein graft

**Address for Correspondence:** Dr. Muhammed Keskin  
Dr. Siyami Ersek Hastanesi Tıbbiye Cad. No:25,  
Üsküdar, İstanbul-Türkiye

Phone: +90 216 542 44 44 Fax: +90 216 337 97 19

E-mail: drmuhammedkeskin@gmail.com

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