

A cardiac cyst presented with subacute anterior myocardial infarction

Subakut anterior miyokart enfarktüsü ile gelen kardiyak kist

P. 820

Right Answer: 4. Hydatid cyst

Computed tomography showed an unilocular cyst (50x20 mm) in the left ventricle was located close to interventricular septum (Fig.3 A, B). Intramyocardial dissecting hematoma is a rare form of cardiac rupture that can be seen after myocardial infarction (1,2). Rupture of intramyocardial vessels into the interstitial space, decreased tensile strength of the infarcted area and acute increase in coronary capillary perfusion pressure are the probable causes of this phenomenon (1). As it may result in rupture of ventricular free wall and interventricular septum, the lesion must be differentiated from other intracardiac masses. Intramyocardial dissecting hematoma can develop in left ventricular free wall, right ventricle and interventricular septum (2). This rare complication of myocardial infarction must be differentiated from other intracardiac mass such as pseudoaneurysm, intracavitary thrombosis, prominent ventricular trabeculations and hydatid cyst. It can be seen as an echodense in acute bleed or cystic like; an echo-lucent cavity adjacent to severely hypokinetic or dyskinetic infarct-related segments (2).

In our case we diagnosed hydatid cyst because of patient history with a calcified, double layered imaging on transthoracic echocardiography (3). Serologic analysis confirmed the diagnosis of *E. granulosus*. Ig G was positive 1/880 in the IFA test. Coronary artery

bypass surgery and surgical resection of hydatid cyst was planned. The patient received oral albendazole (400 mg) twice daily continuously from two weeks prior to the operation. At operation a median sternotomy was carried out and the cyst was approached through a left ventriculostomy with echocardiographic guidance and injected with hypertonic saline solution. The cysts were then aspirated and removed on beating heart. And then on pumping left internal mammary artery-LAD, saphen vein-RCA anastomoses were performed. There were no postoperative events. Intraoperative control echocardiography showed no cystic imaging in the left ventricular cavity. The patient was discharged on seventh day from the hospital with albendazole therapy. Echocardiographic examination was made which confirmed preserved function of mitral valve apparatus with only mild mitral regurgitation and patient's control examination was scheduled at 1 month.

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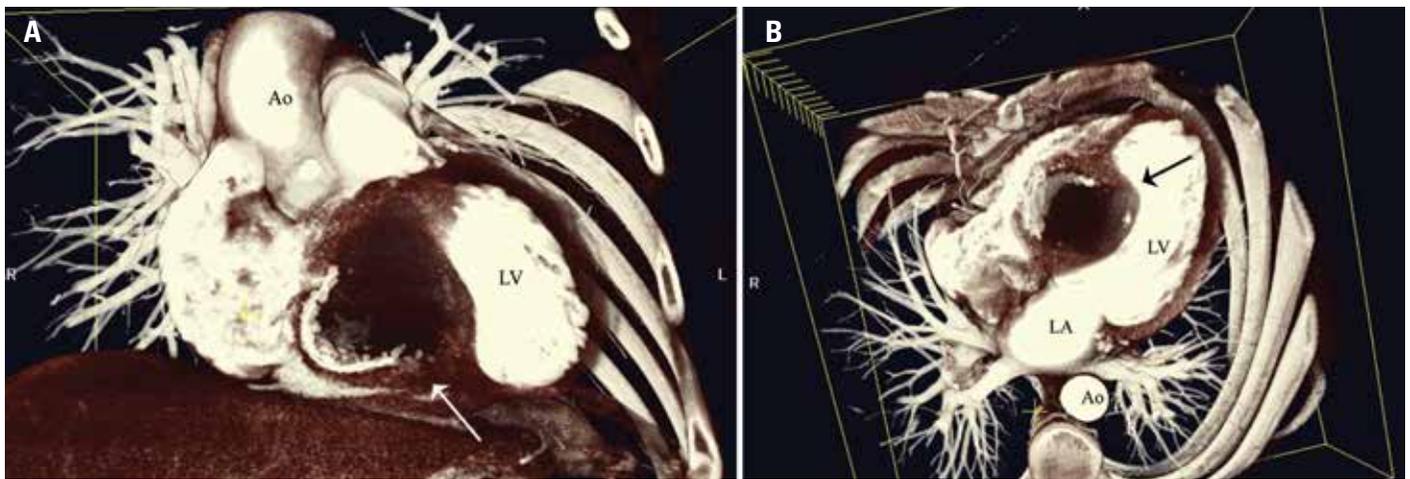


Figure 3. A, B) Cardiac computed tomography shows a large unilocular cystic mass; measuring 50x20 mm with partially calcified wall (white and black arrows), in the diaphragmatic surface (inferior aspect) of the heart

Ao - aorta, LV - left ventricle, LA - left atrium