

Giant aneurysm of a tiny coronary branch

Çok ince koroner damarın dev anevrizması

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A 69-year-old woman without known ischemic heart disease presented with chest pain. Physical examination was normal. Electrocardiographic recordings revealed non-specific ST-T changes in lateral precordial leads. There was no elevation of cardiac enzymes and no laboratory evidence of connective tissue disease or autoimmune forms of vasculitis.

Coronary arteriography was performed and demonstrated a discrete giant (15 mm in diameter) aneurysm arising from tiny left atrial branch of the circumflex artery (Fig. 1). The aneurysm imitated a floating balloon with the proximal and distal portions of the artery being anatomically normal. There were no atherosclerotic coronary lesions. It was concluded that the aneurysm was most probably congenital. The patient did not undergo any further procedure and was treated medically including aspirin.



Figure 1. Coronary arteriography views (A,B) of a discrete giant aneurysm arising from tiny left atrial branch of the circumflex artery

Coronary artery aneurysms are usually atherosclerotic by origin that are found in patients with severe stenosis and occasionally congenital or result from vasculitis (1,2). In these patients, an unpredictable condition would be thrombus formation, which could consequently cause myocardial ischemia or infarction. Hence, patients require frequent clinical follow-up and should receive life-long aspirin therapy, with or without warfarin (3,4).

References

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