

Late Left Ventricular Pseudoaneurysm in Patient with Ischemic Cardiomyopathy

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Male patient, 79 years old, had myocardial infarction with ST elevation of anterior wall not thrombolized in 2005, complicated with apical interventricular communication (CIV). He was submitted in the 1st Post Myocardial Infarction to surgery with CIV correction and incomplete myocardial revascularization. Evolved with ischemic cardiomyopathy by anterior-apical akinesia (FEVE 35%). Sought medical emergency on 05/21/2013 presenting productive cough, fever, progressive dyspnea and hypotension. Diagnosis hypothesis of decompensated heart failure by severe sepsis secondary to pneumonia. The echocardiogram showed worsening of ventricular dysfunction (FEVE 25%) by akinesia in apical region, lower walls, bottom side and hypokinesia on the other walls. Pseudoaneurysm image was observed in the basal

segment inferolateral wall (Figure 1), measuring 50 x 38 mm with lap of approximately 25 mm (Figure 2). Mapping of the flow in color showed low speed flow inside pseudoaneurysm communicating with left ventricle (Figure 3), confirming the diagnosis.

Evolved with hemodynamic deterioration and cardiopulmonary arrest after five days of hospitalization, unresponsive to cardiopulmonary resuscitation maneuvers.

The ventricular pseudoaneurysm is a rare complication of myocardial infarction, which became even less frequent after the reperfusion era. It usually occurs secondary to rupture of the ventricular wall contained by the pericardium adjacent in infarcts of posterior, inferior and lateral wall, and a high incidence of rupture and death. May be asymptomatic in 10% of cases and differs from the ventricular aneurysm by the relation between inlet port (neck)/cavity diameter < 0.5. Pseudoaneurysm requires early surgical treatment in most of the cases due to the risk of rupture and immediate death. This case illustrates a complication that can be observed in patients with myocardial infarction with ST-segment elevation not reperfused, although it has manifested itself later. This is a situation of high severity if not treated surgically, reinforcing the importance of early recognition of this diagnosis.

Keywords

Echocardiography; Ventricular Dysfunction; Myocardial Revascularization.

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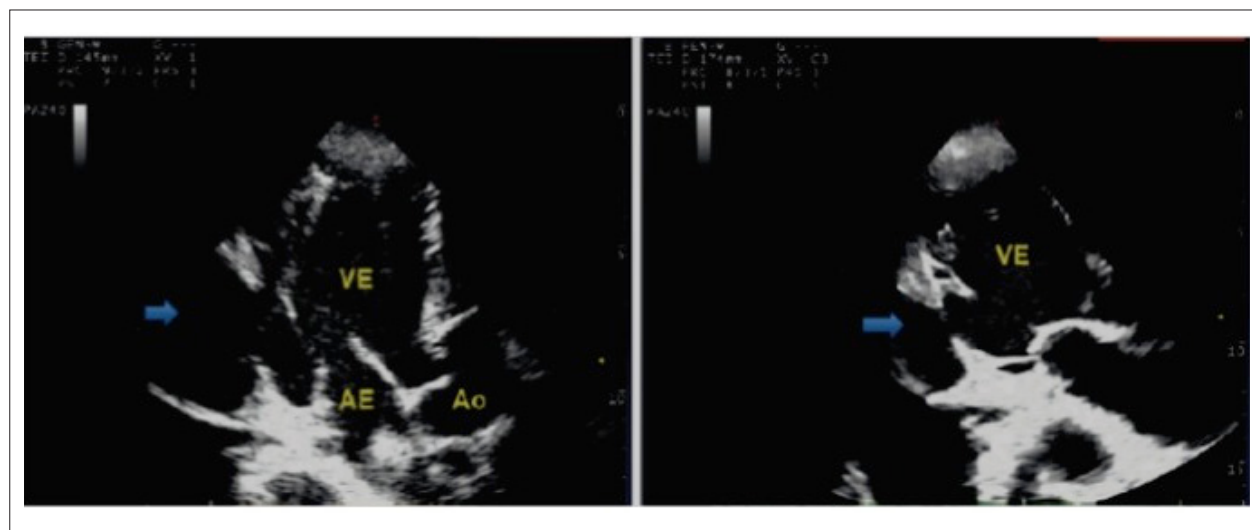


Figure 1 - Pseudoaneurysm related to the lower side wall of the left ventricle (arrows).

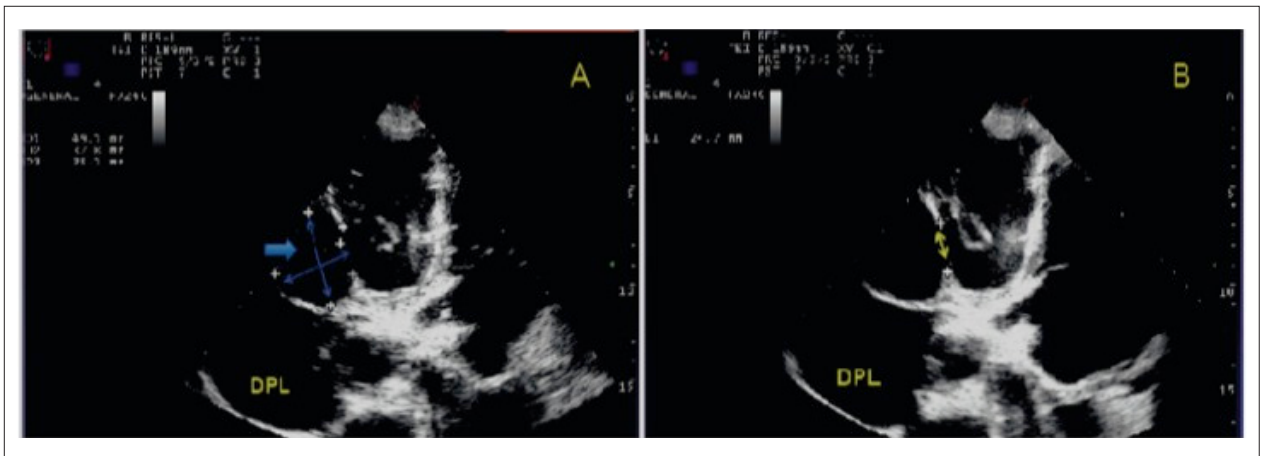


Figure 2 - Measurements of internal diameters (A) and the neck (B) of the pseudoaneurysm related to the lower side wall (arrows). Observed left pleural effusion associated (DPL).

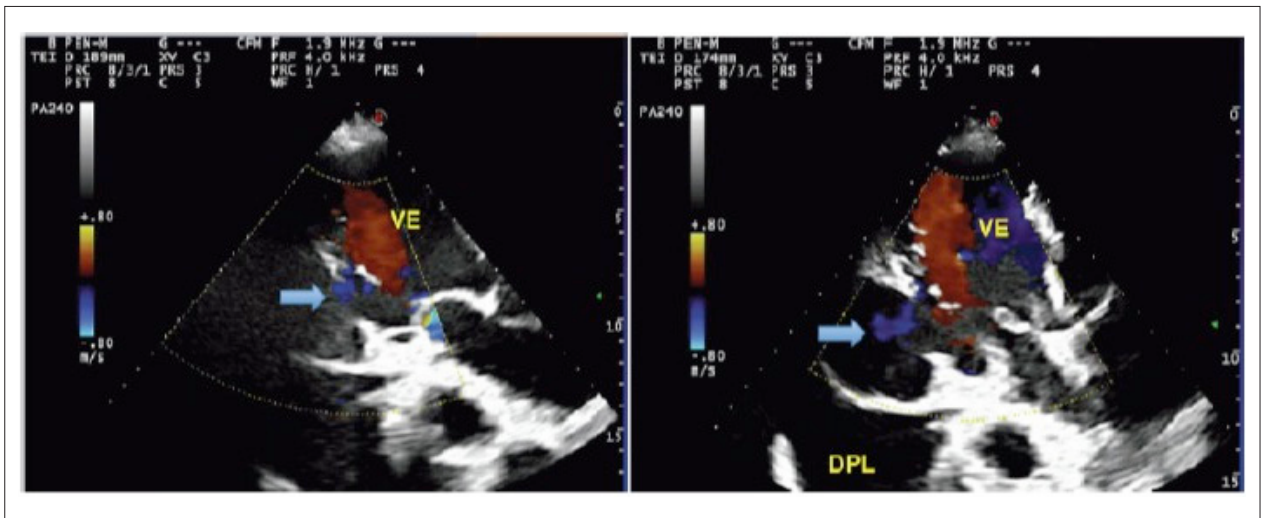


Figure 3 - Mapping of color flow within the ventricular pseudoaneurysm.