

## Giant false left ventricle aneurysm in the myocardial infarction outcome

### Authors:

A Namitokov<sup>1</sup>, N Kizhvatova<sup>1</sup>, M Kolodina<sup>1</sup>, K Skaletsky<sup>1</sup>, N Soroka<sup>1</sup>, S Mayngart<sup>1</sup>, E Kosmacheva<sup>1</sup>, K Barbukhatti<sup>1</sup>, V Porhanov<sup>1</sup>, <sup>1</sup>State Institution Of Healthcare Regional Clinical Hospital 1 NA Professor SV Ochapovskiy - Krasnodar - Russian Federation,

### Topic(s):

Cardiac transplantation

### Citation:

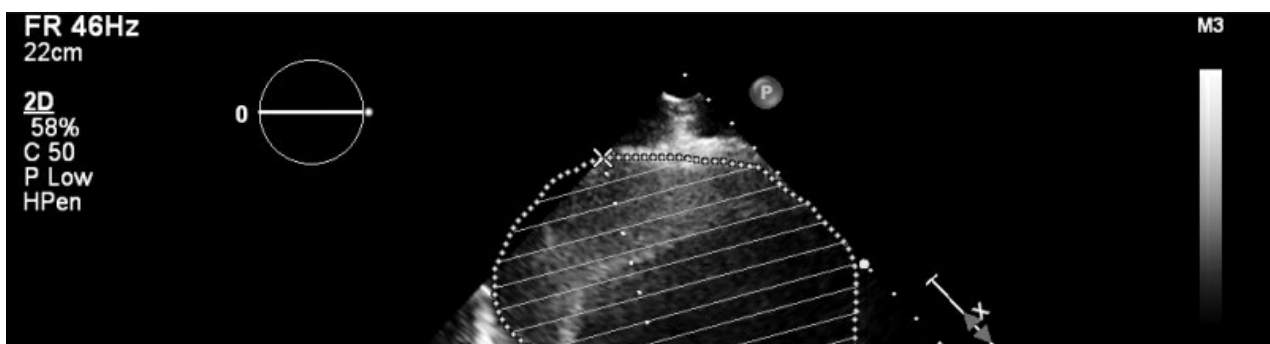
European Heart Journal Supplements ( 2016 ) 17 ( Supplement 2 ), ii216

Left ventricular (LV) free wall rupture is one of the most dangerous and potentially fatal complications of acute myocardial infarction (MI). This death often occurs as a result of acute cardiac tamponade. However, in rare cases, myocardial rupture completed the formation of a false LV aneurysm (pseudoaneurysm). After MI patients are at the risk for ventricular arrhythmia, severe heart failure, and thrombus abscission. Because of its rarity, there is no unique algorithm for such patients. "Heart-team" have to decide operation tactics in each case.

Here is a case of orthotopic heart transplantation in patient with LV giant pseudoaneurysm that occurred after a recent anterior MI. The patient is a male, 56 years old, Caucasian, presented to our clinic for check-in 8 months after prior MI with shortness of breath when walking at a distance of about 50 meters, night dyspnea. Typical angina at the time of inspection denies. First episode in the life of intensive chest pain radiating to the left arm 8 months ago. Patient was hospitalized in a hospital with diagnosis of STEMI, and received conservative treatment. Thrombolytic therapy, as well as percutaneous coronary intervention wasn't use due to limited hospital resources. In our clinic the patient's admission echocardiography (ECHO) confirmed the presence of a giant pseudoaneurysm with total LV volume of 668 ml and lateral posterior mass in the left ventricle with a size of approximately from 17 to 34 mm. LV ejection fraction was 16%. Coronary angiography showed left anterior descending artery total occlusion and no significant lesions in other arteries. As a result of examination (ECG, ECHO, coronary angiography, left ventriculography, computed tomography) patient revealed a giant aneurysm of the left ventricle, which was the outcome, apparently, myocardial rupture during acute MI. Given the futility of severe heart failure, hopelessness conservative treatment, controversial long-term prognosis, "heart-team" decided that the patient needs in orthotopic heart transplantation. Status of urgency at the time of inclusion in the waiting list – II. After 5 months in the waiting list, the patient's heart transplant was performed. After 3 years the patient continues to occur regularly in the clinic, heart failure symptoms are not present. Imaging techniques are fundamental in diagnosing post-infarction left ventricular aneurysms. ECHO is the most available and sensitive diagnostic tool to establish the different types of cardiac rupture.

Comprehensive survey allows to do differential diagnosis between states, accompanied by severe left ventricular dilatation - dilated cardiomyopathy, non-compact myocardium, ischemic cardiomyopathy.

Conservative therapy, as well as surgical ventricular plasty may be ineffective in a cases with severe systolic left ventricular increasing.





× A4Cd  
LV Length 14.2 cm  
LV Area 108 cm<sup>2</sup>  
LV Vol 668 ml

\*\*\*bpm