

Like an ice cream topping – case report of an asymptomatic saccular aneurysm of the left ventricular outflow tract

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Introduction: Anatomically interrelated aneurysms and aneurysmal-like structures arising in and around the left ventricular outflow tract (LVOT) are a rare condition, and although most often clinically silent, they can cause a plethora of complications such as left main coronary artery compression, systemic emboli, or even new left-to-right shunts secondary to rupture¹.

Case report: We present a case of a 69-year-old male with an asymptomatic aneurysm of LVOT containing a large mural thrombus. In 2017, the patient was referred for cardiology examination after a contrast-enhanced computed tomography done as part of the preoperative examination revealed a round calcified lesion (56x54x43 mm) above left ventricle. Further imaging processing confirmed a saccular aneurysm of LVOT located between the left and right coronary leaflets. His previous medical history was unremarkable except for a blunt chest trauma sustained in a traffic accident 35 years prior, which at the time did not require any surgery. We decided on a conservative approach and follow-up. Two years after the diagnosis, the patient was admitted to the hospital due to recurrent chest pains. There was no change in aneurysm size or structure. Coronary angiography showed dilated proximal branches of the left coronary artery with a subtotal stenosis of the marginal branch. A successful percutaneous coronary intervention with a drug eluting stent implantation was performed. Two years later, a contrast-enhanced multi-slice computed tomography showed the lesion stationary in size and the patient remains asymptomatic.

Conclusion: In this case the LVOT aneurysm has remained stable over years and has well responded to a conservative approach.

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LITERATURE

1. Meier JH, Seward JB, Miller FA Jr, Oh JK, Enriquez-Sarano M. Aneurysms in the left ventricular outflow tract: clinical presentation, causes, and echocardiographic features. J Am Soc Echocardiogr. 1998 Jul;11(7):729-45. <https://doi.org/10.1053/j.e.1998.v11.a91047>