



Cardiac Magnetic Resonance Imaging of Massive Left Ventricular Pseudoaneurysm

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Clinical image description

A 64-year-old man with history of coronary artery disease, end-stage renal disease presented with progressive abdominal pain. Abdominal computed tomography revealed nephrolithiasis and hemopericardium. Notably, three years prior to this presentation he had inferior ST-elevation myocardial infarction with Percutaneous Coronary Intervention (PCI) to the right coronary artery. His post PCI course was complicated by Ventricular Septal Defect (VSD) for which he underwent pericardial patch repair. During the current admission, a cardiac magnetic resonance imaging was obtained (Figure 1, Figure 3). This revealed large rupture in the basal inferior

and inferoseptal segments of the myocardium with massive pseudoaneurysm and small thrombus formation (Figure 2, Figure 4, Supplementary Video – MRI Cine 2-chamber view, Video – MRI Cine short axis view). Later on, he developed heart failure and eventually underwent simultaneous heart and kidney transplantation. During post-transplant follow-up at three months, he was doing well with no reported allograft rejection.

Post-infarction VSD is a serious, life-threatening complication requires prompt surgical treatment. The high recurrence rate post repair necessitates comprehensive optimal management and close follow-up.

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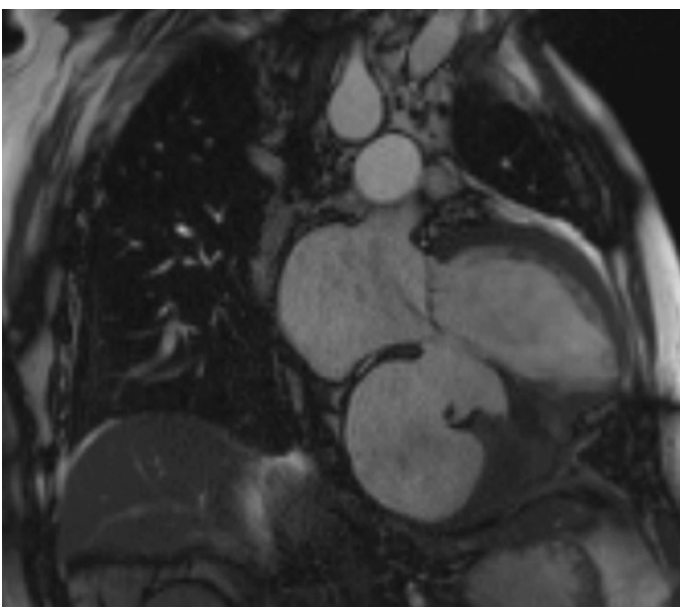


Figure 1

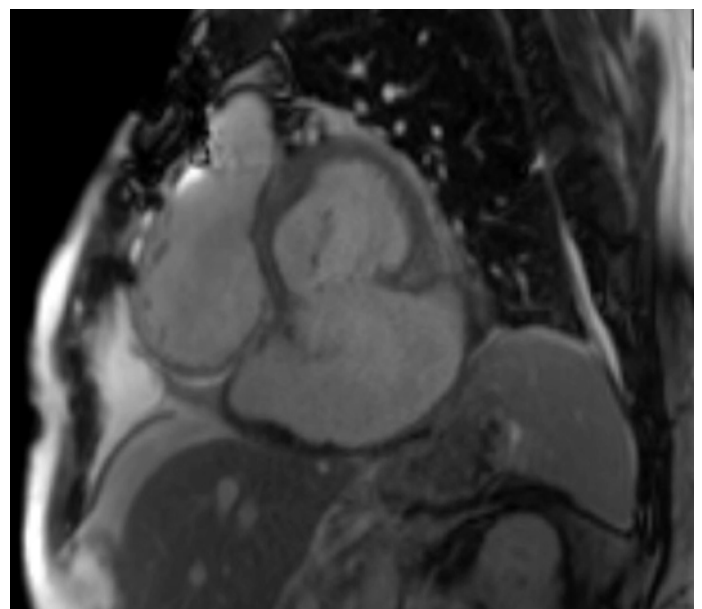


Figure 2

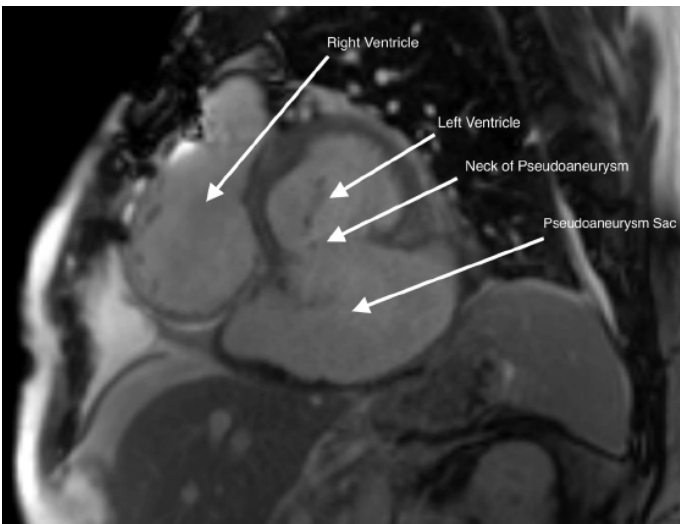


Figure 3

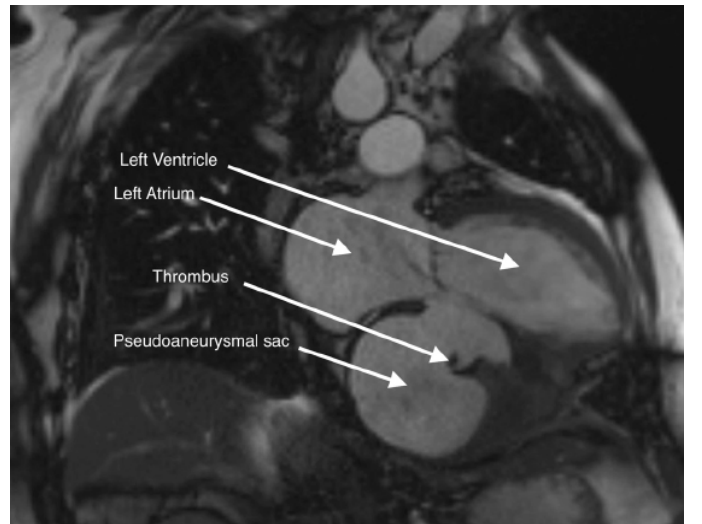


Figure 4