

33. Dacey LJ, Munoz JJ, Baribeau YR et al. Reexploration for hemorrhage following coronary artery bypass grafting: incidence and risk factor. Northern New England Cardiovascular Disease Study Group. Arch Surg 1998;133:442-447.
34. Thabault JJ, et al. Sem Thromb Hemost 1999;25 (supple2):3-7.
35. Lim E, Cornelissen J, Routledge T, Kirtland S, Charman SC et al. Clopidogrel did not inhibit platelet function early after coronary artery bypass surgery: a prospective randomized trial. J Thorac Cardiovasc Surg 2004;128:432-435.

© H.Hirose, 2006.

Hitoshi Hirose, MD, FICS

UNUSUAL LEFT VENTRICULAR TRUE ANEURYSM

Department of Cardiothoracic Surgery, Drexel University College of Medicine, Philadelphia, PA., USA

A 67-year-old male with previous myocardial infarction 13 years earlier, hypertension, smoking history, and type II diabetes presented to the emergency room complaining of shortness of breath. The initial work-up ruled out acute myocardial infarction. Echocardiography showed reduced inferior wall motion. Coronary arteriography demonstrated severe stenosis of the proximal left anterior descending artery, severe stenosis of proximal diagonal artery, total occlusion of the first obtuse marginal branch of the circumflex artery, severe stenosis of distal right coronary artery. Left ventriculography demonstrated left ventricular aneurysm (Figure 1).

The patient underwent coronary artery bypass with repair of left ventricular aneurysm. The aneurysm was located between the posterior descending branch of the right coronary artery and the posterolateral branch of the circumflex artery. The aneurysm was opened and we found an organized thrombus in side (Figure 2). The aneurysm was closed with Teflon strips. Postoperative recovery was uneventful.

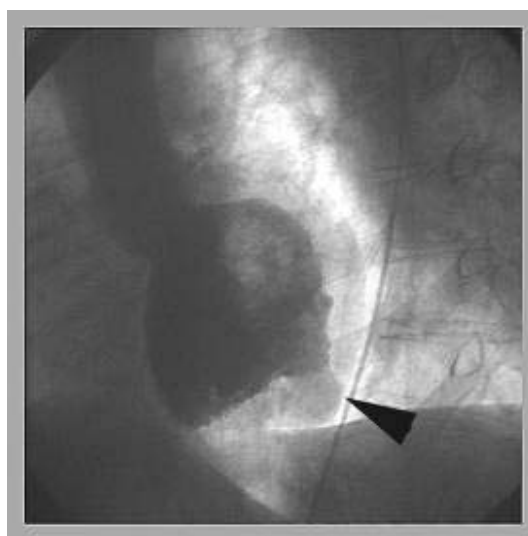


Figure 1.
Preoperative left ventriculography demonstrated left ventricular aneurysm (arrow)

Figure 2.

Intraoperative picture of the left ventricular aneurysm. The large arrow indicates the posterior descending artery, and the short arrow indicates posterolateral branch of the circumflex artery



Contact Information:

Hitoshi Hirose, MD, FICS
317 North Broad Street #713, Philadelphia, PA 19107
Tel: 215-925-4385
Fax: 215-925-4386
E-mail: genex@nifty.com