IMAGE IN CARDIOVASCULAR MEDICINE

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Asymptomatic Giant Coronary Aneurysm Presented as Cardiac Murmur

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Case

A 27-year-old man presented with cardiac murmur detected on routine examination. He has no history of the illness consistent with Kawasaki disease on his childhood. On admission, his blood pressure was 120/80 mmHg and heart rate was 78 beats per minute. On the chest auscultation, heart beat was regular, and early systolic murmur and thrill was detected on left side of mid sternal border. The intensity of murmur aggravated on expiration and attenuated on inspiration. The electrocardiogram and the plain chest X-ray revealed no definite abnormal findings.

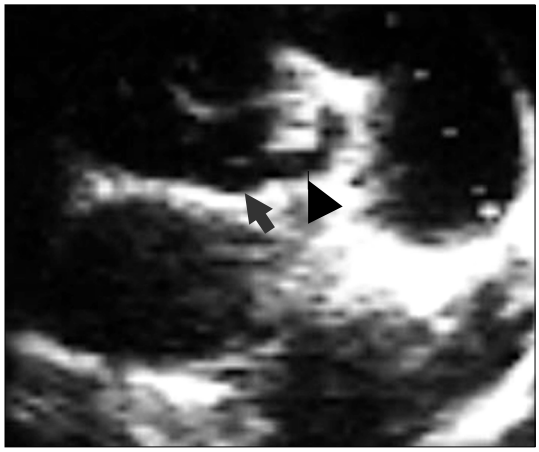

Figure 1. Upper esophageal horizontal image of transesophageal echocardiogram shows markedly dilated left main coronary artery and proximal portion of left anterior descending coronary artery.

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Transthoracic and transesophageal echocardiogram showed enlarged left main coronary artery (maximal diameter of 54 mm) with enlarged left anterior descending coronary artery and left circumflex artery. The patient underwent left and right heart catheterization with coronary angiography. The coronary angiography revealed diffuse ectatic change on three coronary arteries with sluggish antegrade flow. Thrill was aggravated with forced hand injection of dye to the left coronary artery. On the exercise treadmill test, there was no evidence of myocardial ischemia, arrhythmia or symptoms even at the stage 4 by Bruce protocol. The patient discharged with the medication of antiplatelet and anticoagulant agent. He got along without any complications and remained free of symptoms for the entire 3-year follow-up period.

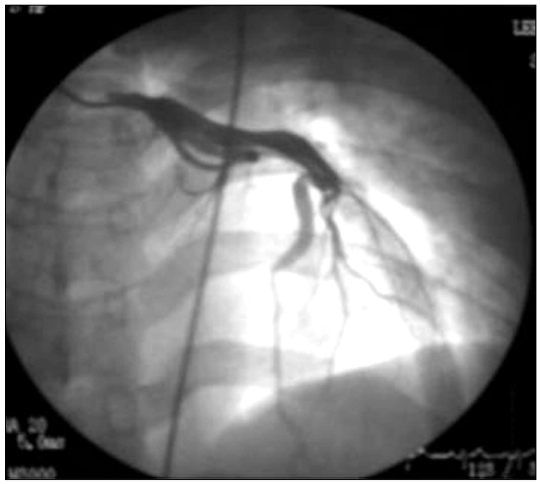

Figure 2. Angiographic view of the left coronary artery at the anteroposterior projection with 20 degrees of cranial angulation shows very tortuous dilated left anterior descending coronary artery (maximal diameter of 7.4 mm) with sluggish antegrade flow.

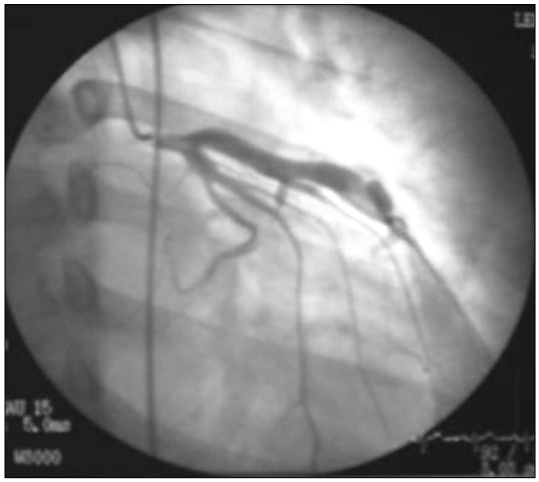

Figure 3. Angiographic view at the 30-degree right anterior oblique projection with 25 degrees of caudal angulation shows proximal to mid portion of left circumflex artery dilatation (maximal diameter of 6.3 mm) with slight sluggish flow.

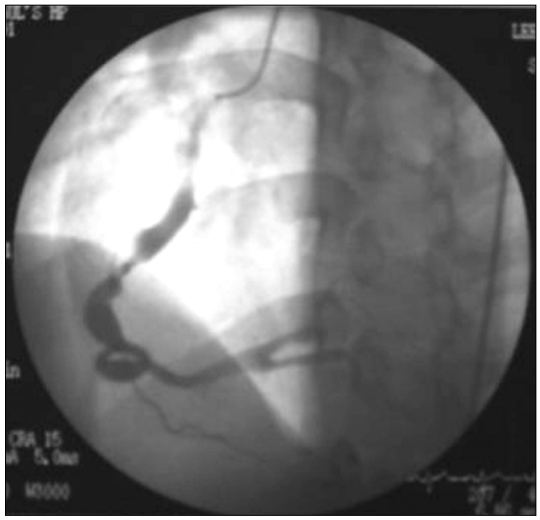

Figure 4. 60-degree left anterior oblique view with 25 degrees cranial angulation of right coronary artery shows markedly dilated (maximal diameter of 10.0 mm) mid and distal portion and very sluggish antegrade flow.