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Post-myocardial infarction biventricular pseudoaneurysm with bidirectional shunt

A patient (age 70s) presented with gradual exacerbation of chronic heart failure symptoms. The patient had a history of myocardial infarction of inferior wall and failed attempt of primary right coronary artery angioplasty 2 years earlier. On admission, auscultation revealed the presence of loud pansystolic murmur. Transthoracic echocardiographic examination showed a large additional cavity adjacent to and communicating with both ventricles—biventricular pseudoaneurysm (panel A). The diagnosis of biventricular pseudoaneurysm was confirmed by left ventriculography (video 1) and chest CT (panel B).

The patient refused to consent to any invasive or surgical treatment. Heart failure was managed pharmacologically. After being discharged the patient was further followed up by family physician and died 47 months later due to pneumonia complications.

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Supplementary video are published online only at http://hrt.bmj.com/content/vol96/issue6

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Panel A Transthoracic echocardiography with colour Doppler flow mapping. (A and B) Subcostal short-axis view, biventricular pseudoaneurysm with prominent systolic left-to-right shunt through the cavity of pseudoaneurysm (A) and minor diastolic flow in the opposite direction (B). (C) Apical two-chamber view, systolic flow through left ventricular wall rupture. (D) Modified apical four-chamber view, systolic flow through right ventricular wall rupture; inset—three-dimensional echocardiography, subcostal view, right ventricular wall rupture (arrow) “seen” from the cavity of pseudoaneurysm.

LA, left atrium; LV, left ventricle; P, pseudoaneurysm; RA, right atrium; RV, right ventricle.
Panel B  Chest CT. Transverse cross-sections showing right ventricular (A) and left ventricular (B) wall ruptures. Abbreviations as in panel A plus IVC (inferior vena cava) and CS (coronary sinus).