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IMAGES IN INTENSIVE MEDICINE

Acute coronary syndrome due to a giant right coronary artery aneurysm☆

Síndrome coronario agudo provocado por un aneurisma de la arteria coronaria derecha

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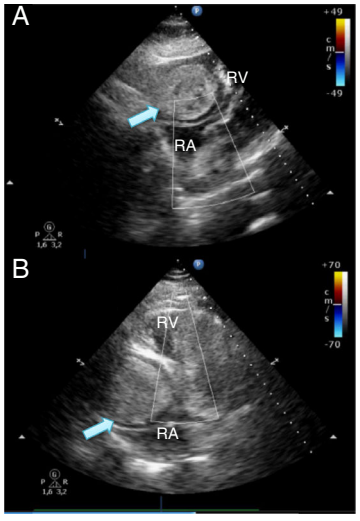

Figure 1 (A) Sub-xiphoid plane. (B) Four-chambers plane. RA: right atrium; RV: right ventricle.

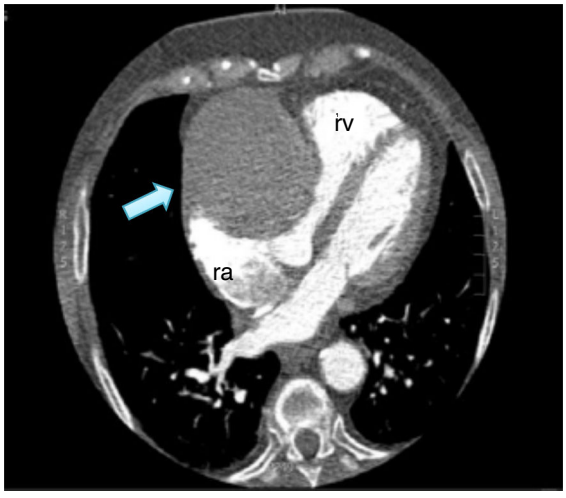

Figure 2 AngioCT, showing the right coronary aneurysm compressing the right-side heart cavities. RA: right atrium; RV: right ventricle.

A 74-year-old woman with cardiovascular risk factor was seen in the emergency service due to self-limiting oppressive central chest pain accompanied by neurovegetative manifestations. The electrocardiographic tracing revealed an inferior subepicardial lesion. Coronary angiography showed a highly ectasic right coronary artery with slowed flow and contrast penetration into the pericardium. In view of these atypical findings, echocardiography was performed, revealing a rounded mass (8.6 cm × 6 cm) exerting an extrinsic compressive effect at atrioventricular sulcus level (Fig. 1). Coronary CT in turn showed active bleeding dependent on the right coronary artery, producing a hematoma contained in the epicardium (pseudoaneurysm), with absence of flow in the distal segment probably secondary to compression (Fig. 2). Based on these tests we diagnosed acute myocardial infarction secondary to right coronary aneurysm, and surgical revascularization of the distal right coronary was decided. The postoperative course proved favorable, and the patient was discharged home within a week.

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