

Large left ventricular aneurysm

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Video clip is available online.

This article reports the surgical treatment of a 70-year-old man with a clinically relevant large left ventricular aneurysm caused by chronic occlusion of the right coronary artery. Transthoracic and transesophageal echocardiography showed a large aneurysm spreading over the inferolateral wall and complicated by thrombotic stratification (Figure 1). A severe functional mitral regurgitation secondary to posteromedial papillary muscle displacement was

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Disclosures: Authors have nothing to disclose with regard to commercial support.

Received for publication May 17, 2011; accepted for publication May 20, 2011.

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J Thorac Cardiovasc Surg 2011;142:940-1

0022-5223/\$36.00

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doi:10.1016/j.jtcvs.2011.05.008

also noted (Video 1). The patient underwent surgical resection of the left ventricular aneurysm (Dor procedure) using a bovine endoventricular patch and mitral valve replacement (Figure 2).¹⁻⁷

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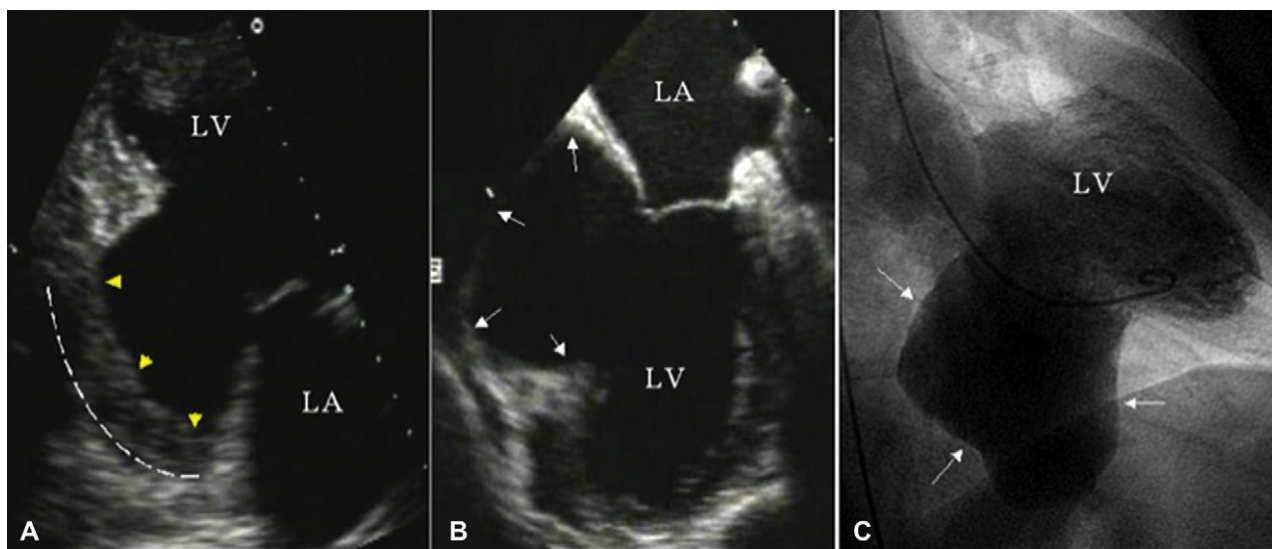


FIGURE 1. Transthoracic echocardiography shows the inferolateral aneurysm (A, white dotted line) occupied by thrombotic stratification (yellow arrows) and confirmed by transesophageal study (B, white arrows). Preoperative left ventricular angiography shows the extent of the aneurysmatic sac (C, white arrows) and its independence from the cardiac cycle. LA, Left atrium; LV, left ventricle.

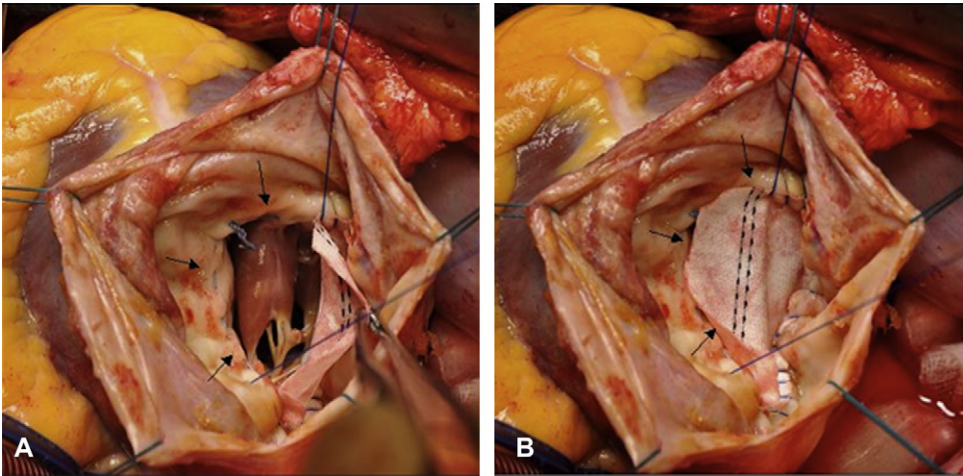


FIGURE 2. A, The aneurysm is entered, and the intracavitary thrombus is extracted. Visual inspection of the papillary muscle and the edge between the aneurysmal scar tissue and the viable contracting myocardial (*black arrows*). B, The endocardial patch (*black arrows*) is secured in place with interrupted vertical mattress sutures placed through the edges of the patch.