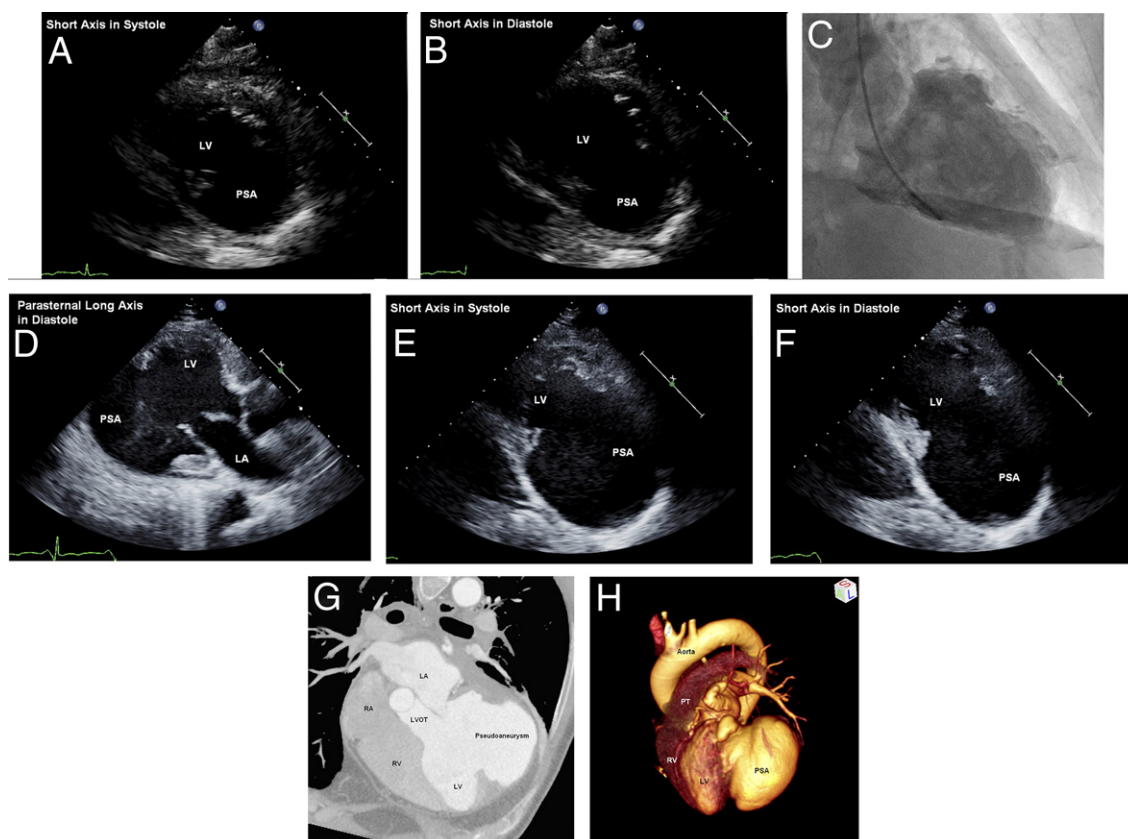


IMAGES IN CARDIOLOGY

Unmasking a Giant Ventricular Pseudoaneurysm

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A 65-year-old gentleman presented with epigastric discomfort and dyspnea on exertion for 2 weeks. Electrocardiogram was consistent with atrial flutter with 2:1 conduction and persistent ST-segment elevation in the lateral leads. Echocardiography (**A and B**) showed akinesis, thinning, and bulging of the inferoposterior wall, suggestive of an aneurysm, with left ventricular (LV) ejection fraction of 35%. Coronary angiography showed severe 2-vessel disease involving proximal right and left circumflex arteries, large posterior aneurysm (**C**, Online Videos 1 and 2) and overall LV ejection fraction of 25%. Viability was negative, and he was prescribed medical management, including anticoagulation. In 6 weeks, he returned with progressive dyspnea, palpitations, and atypical chest pains. Repeat echocardiography demonstrated LV spontaneous contrast (**D**) and unexpected obvious enlargement of the previous aneurysm (**E and F**). Cardiac computed tomography (**G and H**, Online Video 3) confirmed the suspected pseudoaneurysm (PSA), measuring $10.5 \times 7.8 \times 8.8$ cm, with an unusually large neck measuring 5.4 cm. He underwent successful surgical repair. LA = left atrium; LVOT = left ventricular outflow tract; PSA = pseudoaneurysm; PT = pulmonary trunk; RA = right atrium; RV = right ventricle.