

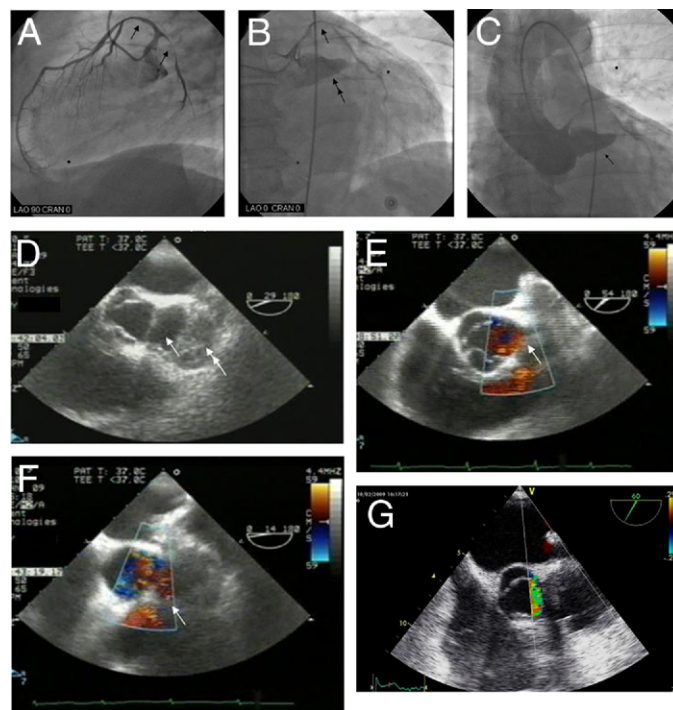
## IMAGES IN CARDIOLOGY

# Acute Coronary Syndrome With Unexpected Background

## Rupture of Left Valsalva Sinus Aneurysm

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The patient was admitted because of a non-ST-segment elevation myocardial infarction. Transthoracic echocardiography showed inferior hypokinesia without any valvular or mechanical complication. Coronary angiography showed sharp-contoured obstruction of the proximal left anterior descending coronary artery and the proximal circumflex branch (A and B, [Online Videos 1 and 2](#)). Aortic angiography demonstrated an accumulation of contrast medium in a nonphysiological “pouch” (C, [Online Video 3](#)), which originated from the left leaflet of the aortic valve. This morphology is typical for rupture of the left Valsalva sinus aneurysm. Transesophageal echocardiography proved the penetration of the “pouch” into the lateral myocardial wall (D, E, and F, [Online Video 4](#)).

The patient underwent surgical repair; the origin of the dissection was closed with an artificial patch, under transesophageal echocardiographic control (G, [Online Videos 5, 6, and 7](#)). Because it was impossible to completely evacuate the nonphysiological lumen and to delimitate the coronary branches from the compression; therefore, the branches were grafted.