Case Summary. Coronary malperfusion due to acute aortic dissection is a relatively rare, but fatal condition. We experienced a case of acute coronary syndrome caused by compression of LMCA by a false lumen of aortic dissection. IVUS was a useful and necessary tool to detect the false lumen of LMCA in this patient whose CAG seemed to be normal. IVUS also provided important information about landing zone for the stent.

NON-INVASIVE CARDIAC IMAGING: CTA, MRI, 3D-ECHO, AND OTHER (TCTAP C-157)

TCTAP C-157
Giant Coronary Artery Aneurysm in the Septal Branch with 9-Year Follow-up
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[CLINICAL INFORMATION]
Patient initials or identifier number. 342-8791
Relevant clinical history and physical exam. Due to heart murmur, 61-year old woman was referred to our hospital. Doppler echo cardiography showed an abnormal cavity in the interventricular septum with the jet flowing from the LAD. Coronary angiography revealed a large aneurysm in the septal branch from LAD. We continued close observation without surgery.

INTERVENTIONAL MANAGEMENT
Procedural step. We continued close observation without surgery. After 9-year follow-up, coronary angiography and 320-slice computed tomography showed a growing accessory aneurysm. It was adjacent to the epicardium and might cause cardiac tamponade if ruptured. We recommended this patient to receive the operation. LAD was ligated at both sides of the aneurismal septal branch and the distal segment of LAD was grafted by the left internal thoracic artery. Post-operative computed tomography showed the intact left internal thoracic arterial graft. She was discharged without any complication.

Case Summary. Coronary artery aneurysms are rare, with a prevalence that varies from 0.25% to 2.6%. In this case, the patient had no past history of Kawasaki disease. The aneurysm is thought to consist of congenitally vulnerable arterial wall which gradually became aneurysmal. We conclude that the treatment strategy of patients with a giant coronary artery aneurysm should be decided after taking into consideration of the growth rate of the diameter of the aneurysm.