
Octopus around heart: A Case Report

Rohan Pravinbhai Parikh*, Amey Beedkar, Mahendra Maske, Bhavesh Talaviya, Sunil Washimkar, Pradeep Deshmukh and Mukund Deshpande

Department of Cardiology, Govt. Medical College & Super Speciality Hospital, Nagpur, India

***Correspondence Info:**

Dr. Rohan Pravinbhai Parikh

Senior Resident

Department of Cardiology,

Govt. Medical College & Super Speciality Hospital, Nagpur, India

E-mail: rohanpparikh@yahoo.co.in

Abstract

Left main coronary aneurysm is extremely rare entity under umbrella of atherosclerotic coronary artery disease. Epidemiological and clinical data are lacking to guide management strategy. The case described here is of 72 years old male who presented with SIHD (stable ischemic heart disease). Coronary angiography revealed coronary artery aneurysm involving left main. Out of less than 50 cases reported worldwide, most cases deal with non-atherosclerotic causes of left main coronary artery aneurysm. This case report of atherosclerotic left main coronary artery aneurysm becomes unique as the eldest patient with such disease to be documented. The standard treatment strategy of CABG for such aneurysm whether appropriate for such clinical presentation in geriatric patients is not known.

Keywords: Left main coronary artery; aneurysm; coronary artery aneurysm; angiography

1. Introduction

Left main coronary aneurysm is extremely rare entity. The case described here is of 72 years old male with SIHD. CAG revealed coronary artery aneurysm involving left main. Out of less than 50 cases reported worldwide, most cases deal with non-atherosclerotic causes of left main coronary artery aneurysm. This case report of atherosclerotic left main coronary artery aneurysm becomes unique as the eldest patient with such disease to be documented.

1.1 Learning Objective

Geriatrics is yet an imperfectly understood science and needs more evidence based scientific approach to guide management in such population. Because of rarity of such cases, it is unlikely to build complete scientific data from single centre. Hence, reporting of even isolated case in geriatric population is important and will help medical fraternity over rest of the world to ponder on problem.

2. Case Report

We hereby describe a case of 72 year old male, who presented as chronic stable angina in our tertiary care centre in super speciality OPD on August, 2015. Baseline electrocardiography and echocardiography with Doppler study was within normal limits. Rest of the workup revealed normal hemogram, HbA1c, renal and liver function tests but abnormal lipid profile. Patient was posted for coronary angiography in view typical anginal symptoms. Coronary angiogram revealed giant left main coronary artery aneurysm with diffuse atherosclerotic disease in all the coronary vessels. Patient was sent for coronary artery bypass grafting. Out of 50 cases of left main aneurysm published, this case is of the eldest patient reported.

Patient and their relatives refused for surgery and so were given optimal medical management with due explanation of the treatment modalities available and risks involved in them. Since six months in follow up on medical management, patient is doing well and is symptom free till now.

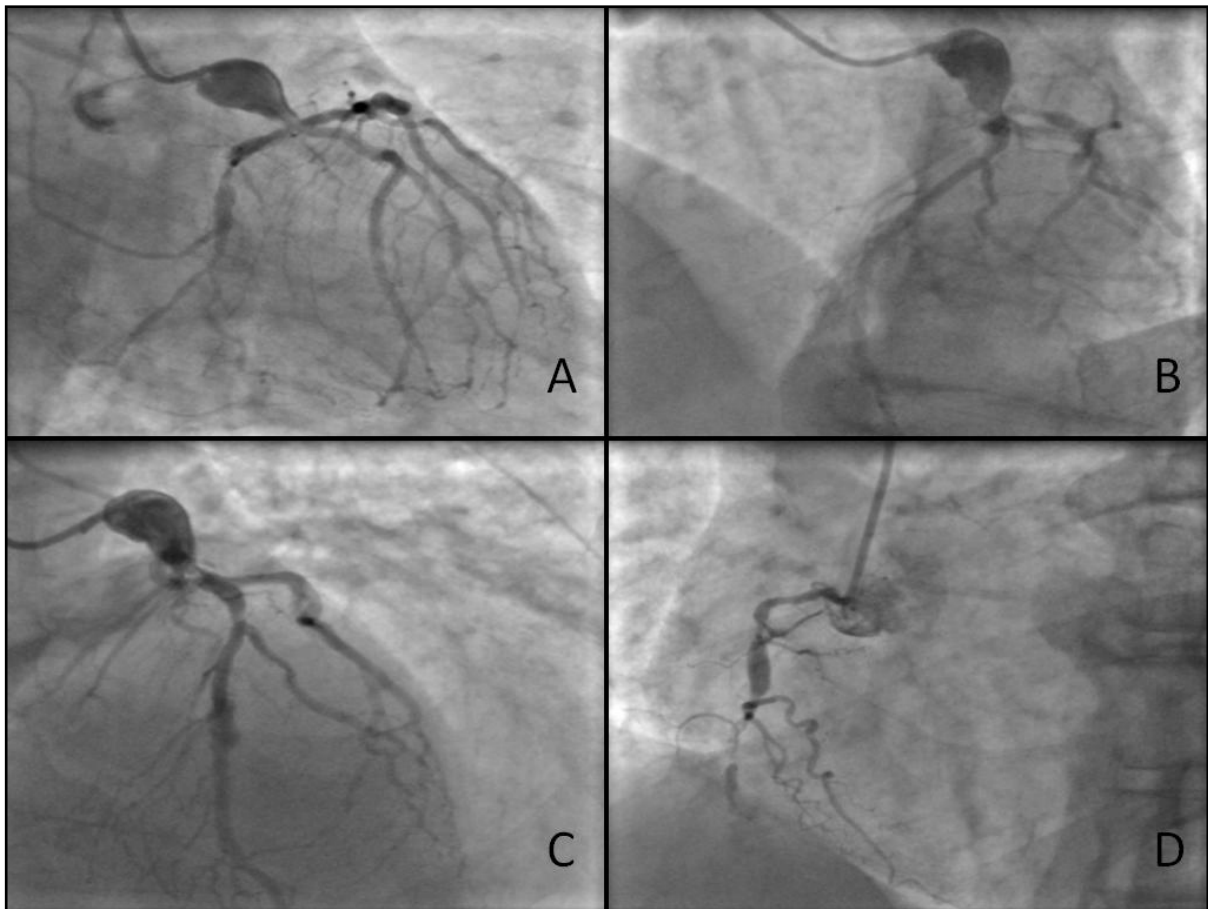


Figure 1: Figure shows giant aneurysm of left main coronary artery in panels A, B and C in different projections and also aneurysm of proximal and mid part of right coronary artery in panel D. Also note diffuse atherosclerotic plaques throughout coronary arteries.

3. Discussion

Coronary artery aneurysm occurs in 1.5–4.9% with male dominance and a predilection for the right coronary artery, rarely involving left main coronary artery.[1] Atherosclerosis accounts for 50% of coronary aneurysms in adults.[2] Thrombosis and distal embolization, rupture and vasospasm are few known complications. Hence treatment advised is coronary artery bypass grafting even in relatively asymptomatic patients.[3]

Aneurysms involving left main coronary artery are distinguishably rare. Data regarding such aneurysm in geriatric population regarding their clinical presentation, mean time to diagnosis from presentation, associated comorbidities, involvement of other vessels in the body such as cerebral, renal or peripheral, treatment given and long time symptom free survival after treatment is lacking. This case report is intended to help literature in building such vital data.

Conflict of Interest: Nil.

Ethical approval: For this type of study formal consent is not required.

Informed consent: Informed consent was obtained from the patient included in the study.

References

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