

Revisiting an Uncommon Phenomenon: Large Basal Inferior Wall Aneurysm with Thrombus Explored

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INTRODUCTION

- Left ventricular aneurysm (LVA) is a rare phenomenon typically seen after a Myocardial infarction. It is defined as a thin-walled myocardium with abnormal left ventricular diastolic contour and systolic dyskinesia/akinesia or paradoxical bulging.
- Around 80% of LVAs are typically found in the anterior and/or apical walls.
- In 10 to 15% of instances, LVAs involve the inferior wall, with basal inferior wall aneurysms constituting nearly 3% of all LVAs and lateral aneurysms even rarer.

CASE PRESENTATION

- A 69-year-old male with a recent RCA MI had a TTE revealing a LVEF of 35% with akinesia of the inferior wall.
- Cardiac catheterization showed chronic occlusion of the mid-distal RCA treated with a drug-eluting stent and the patient started on dual antiplatelet therapy.
- 3 months later, repeat TTE was with worsening LVEF of 25% and a new inferior and mid-inferior septal wall LVA.

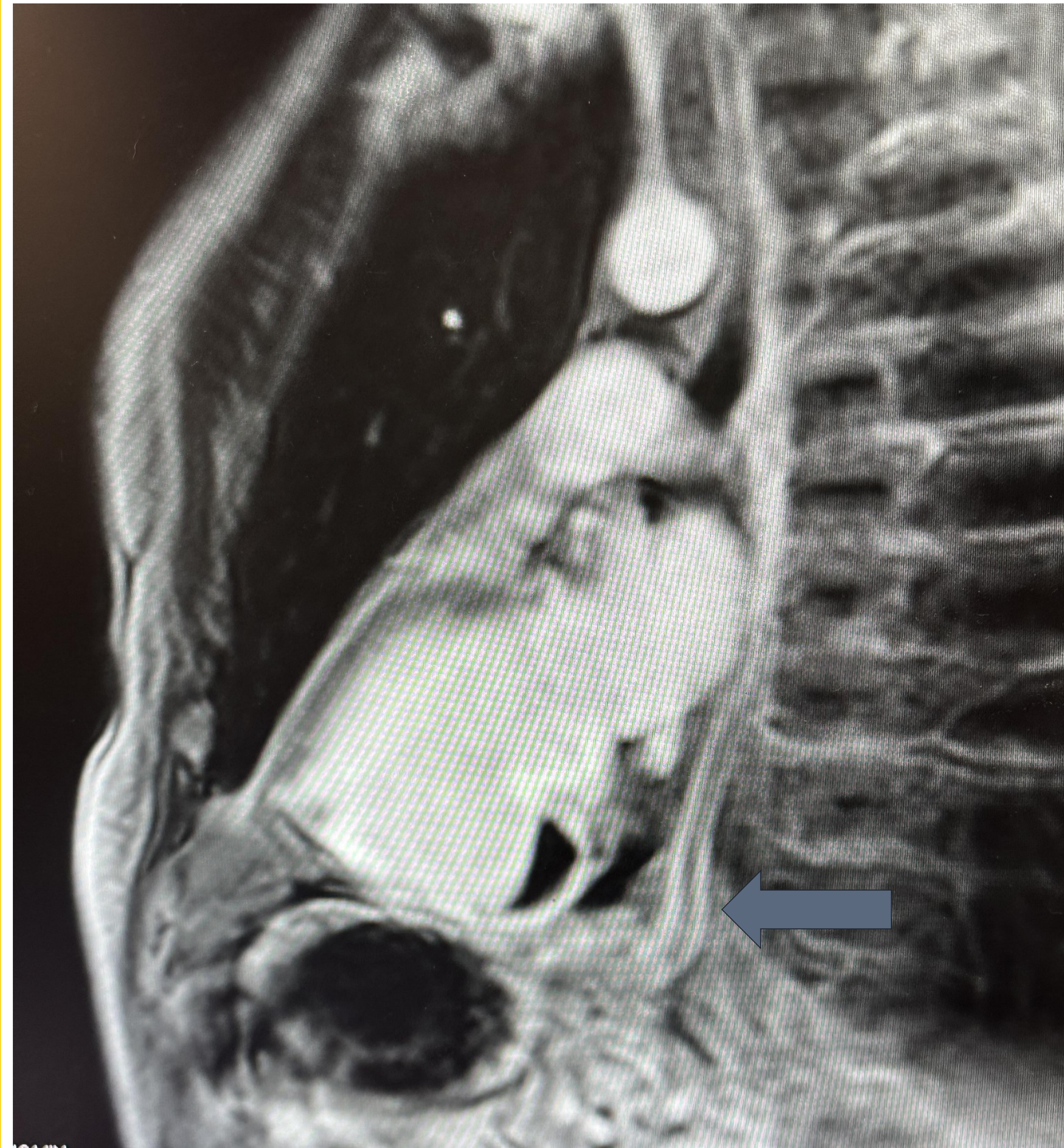


Figure 1. Mid to basal inferior segment aneurysm with a Crescent-shaped thrombus as seen on Cardiac MRI (arrow)

DECISION MAKING

- Given new TTE findings, Cardiac MRI (CMR) was done revealing an aneurysm at mid to basal inferior segments and a crescent shaped thrombus.
- The treatment was adjusted to include the anticoagulant (AC) rivaroxaban, with ticagrelor continued and aspirin stopped.
- Anticoagulants are typically continued for at least 3 months. Obtaining follow-up imaging is then reasonable to check for thrombi resolution and discontinuation of AC.

CONCLUSION

- Unlike anterior/apical LVA, the formation of mural thrombus is rare in inferior LVA and can be easily missed on a TTE.
- The use of CMR was crucial in diagnosis and treatment adjustments, highlighting its importance in assessing LVAs when they manifest in atypical locations.

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