Case Reports

Multiple Coronary Aneurysms

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Abstract

Coronary artery aneurysm is a relatively infrequent abnormality but its diagnosis has been increased after the advent of coronary angiography. Atherosclerosis accounts for the majority of cases of coronary aneurysms. Other etiologies include congenital aneurysms, dissection, infection, vasculitis, and some other inflammatory conditions.

We describe a 41-year-old woman who presented with typical chest pain and dyspnea and had multiple small and large coronary aneurysms associated with stenotic segments ***(Iranian Heart Journal 2009; 10 (1):52-54).***

Key words: coronary artery aneurysm ■ Kawasaki disease

Case report

The patient was a 41-year-old female referred to our hospital with exertional chest pain and dyspnea. A review of her past medical history did not demonstrate any risk factor for coronary artery disease.

On physical examination, the only positive finding was S4, heard on the apical zone of the chest wall. At presentation, she had normal stable blood pressure, heart rate, temperature, and respiratory rate. Laboratory data showed normal complete blood counts, as well as renal and liver function tests. An electrocardiogram did not show any important abnormality other than nonspecific ST-segment changes in leads V3 to V6. Transthoracic echocardiography showed systolic dysfunction with an EF of 35 to 40%, mild MR, mild TR, mild PI, high normal pulmonary artery pressure, grade I diastolic dysfunction, and regional wall motion abnormalities in multiple segments. Transesophageal echocardiography demonstrated a huge LCX aneurysm with mural thrombosis (Fig.1).

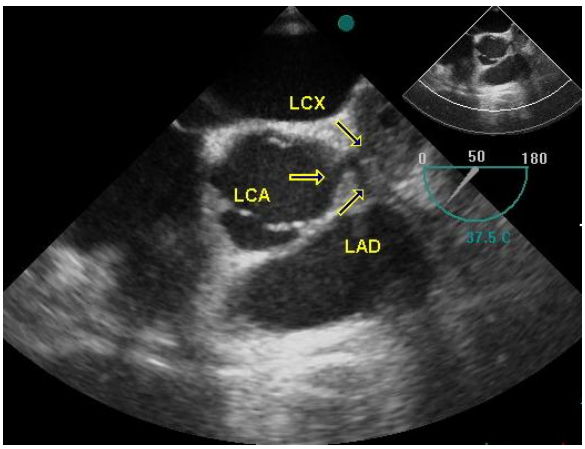

Fig. 1. Transesophageal echocardiography showing a huge LCX aneurysm with mural thrombosis

Myocardial perfusion imaging revealed anteroseptal and inferolateral ischemia. Based on these findings, she was candidated for coronary angiography, which showed severely tortuous coronary arteries with multiple small and large aneurysms and

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