



Figure 1



Figure 2

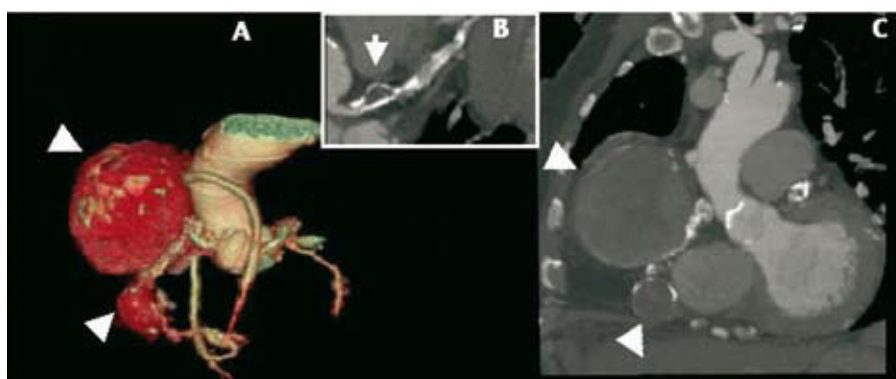


Figure 3

Coronary Aneurysms in a Patient With Bypass Grafts

A 72-year-old man with a history of severe chronic obstructive pulmonary disease and multivessel disease treated in 2000 by surgical revascularization (saphenous vein to left anterior descending artery and saphenous vein to posterior descending artery) was referred to our hospital for enlargement of the cardiac silhouette, particularly at the right border, detected on routine chest radiography (Figure 1, arrow).

Transthoracic echocardiography showed a cavitated structure located anterior and superior to the right atrium (diameters, 80×60 mm), with spontaneous echo contrast and slight holodiastolic flow in the interior. Transesophageal echocardiography confirmed the suspected diagnosis of right coronary artery (RCA) aneurysm (Figure 2, asterisk). On contrast-enhanced computed tomographic angiography of the thoracic aorta,

performed to assess the extent of the lesion, the coronary grafts were seen to be patent and 2 aneurysms were visualized in the RCA. The first was in the proximal RCA (described on echocardiography) and the other, in the medial RC, was 17×22 mm in diameter and partially thrombosed (Figures 3A and 3C, arrowheads). In addition, there was a third aneurysm located in the proximal segment of the left anterior descending artery, somewhat smaller and totally thrombosed (Figure 3B, arrow). Conservative management was decided considering the absence of symptoms and the patient's comorbid conditions.

Alessandro Pirola,^a Jordi Estornell,^b
and Rafael Payá^a

^aServicio de Cardiología, Consorcio Hospital General Universitario de Valencia, Valencia, Spain

^bUnidad de Imagen Cardíaca ERESA, Consorcio Hospital General Universitario de Valencia, Valencia, Spain