Large left ventricular aneurysm

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This article reports the surgical treatment of a 70-year-old man with a clinically relevant large left ventricular aneurysm caused by chronic occlusion of the right coronary artery. Transthoracic and transesophageal echocardiography showed a large aneurysm spreading over the inferolateral wall and complicated by thrombotic stratification (Figure 1). A severe functional mitral regurgitation secondary to posteromedial papillary muscle displacement was also noted (Video 1). The patient underwent surgical resection of the left ventricular aneurysm (Dor procedure) using a bovine endoventricular patch and mitral valve replacement (Figure 2).1-7

References

FIGURE 2. A, The aneurysm is entered, and the intracavitary thrombus is extracted. Visual inspection of the papillary muscle and the edge between the aneurysmal scar tissue and the viable contracting myocardial (black arrows). B, The endocardial patch (black arrows) is secured in place with interrupted vertical mattress sutures placed through the edges of the patch.