Stenotic false lumen as inflow of coronary aneurysm and full-metal jacket

Suguru Ohira, MD, PhD, a Hitoshi Yaku, MD, PhD, a and Shuichiro Takanashi, MD, PhD b

Video clip is available online.

A 75-year-old man developed a coronary aneurysm after multiple procedures of bare-metal stenting for left anterior descending artery (LAD) occlusion 16 years previously; however, the proximal LAD including stents subsequently became occluded. The aneurysm and distal LAD were supplied through a false lumen that became markedly stenotic with accompanying angina during the previous 6 months before presentation (Figure 1, A, and Video 1). Because

FIGURE 1. Preoperative coronary angiography. A, A coronary aneurysm (arrow) in the LAD with marked stenosis of the false lumen (arrowhead). B, Multiple stents (arrowheads) were placed from an aneurysm (arrow) to the distal LAD beyond the diagonal branch. LAD, Left anterior descending artery.
multiple stents were placed from a proximal part of the aneurysm to distal LAD beyond the last diagonal branch (Figure 1, B), aneurysm resection, stent removal with endarterectomy, and onlay patch grafting of the LAD (6.5 cm)

with left internal thoracic artery were performed (Figure 2, A).1 A histopathologic examination showed marked stenosis of the false lumen and true coronary aneurysm (Figure 2, B and C).2 Postoperative angiography showed excellent flow of the reconstructed LAD and in situ graft (Figure 3).

**References**