

1125 A case of giant coronary artery aneurysm with acute coronary syndrome

Case : 90s years old man

Chief Complaint : chest pain

Patient medical history : hypertension, Coronary artery pulmonary artery fistula

Medical History :

A 90s-years old female patient with a history of treatment for hypertension suffered from sudden onset of chest pain and was carried to our hospital. Electrocardiography showed ST elevation in inferior lead and ST depression in V2-V6 lead. Trans- transthoracic echocardiography showed focal asynergy in inferior area. We diagnosed acute inferior myocardial infarction and performed emergency coronary angiography (CAG) .

Clinical course :

CAG showed a remarkable coronary artery aneurysm with a maximal diameter of more than 30 mm, and it was difficult to identify the ostium of the right coronary artery. Therefore, the findings of coronary artery CT, which had been previously performed at our hospital, were used to identify the ostium and the culprit lesion of the right coronary artery. It was difficult to visualize the culprit lesion clearly because there was a huge coronary artery aneurysm in close proximity to the lesion. Guiding catheter was placed in the ostium of the huge right coronary artery ostium unsteadily. Therefore, a wire was inserted into the coronary artery aneurysm and used as an anchor in advance. The guiding catheter was then stabilized and the wire was passed the lesion easily. Finally, DES was deployed and the procedure was finished. Giant coronary artery aneurysms are a rare finding and are sometimes complicated by fatal thrombosis. We performed primary PCI using CT guidance in a case with giant coronary artery aneurysms complicated by acute myocardial infarction.