Clinical Image

Giant calcified left coronary artery aneurysm

Samuël Jenard* and Badih El Nakadi

Department of cardio-thoracic surgery, CHU Marie Curie, Charleroi, Belgium

Received: 04 July, 2020
Accepted: 11 July, 2020
Published: 14 July, 2020

*Corresponding author: Samuël Jenard, Department of cardio-thoracic surgery, CHU Marie Curie, Charleroi, 77 rue Victor Allard, 1080 Uccle, Belgium, Tel: +32-499191051; E-mail: samuel.jenard@gmail.com

ORCID: https://orcid.org/0000-0002-8584-0863

Keywords: Aneurysm; Coronary artery; Radiography; Surgery

https://www.peertechz.com

Figure 1: Preoperative chest X-rays of a 54-year-old woman admitted for stable angina showing a nodular opacity in the left para-hilar region (A and B). Laboratory only showed a hypercholesterolemia. An EKG was performed showing a sinus bradycardia associated with first-degree atrioventricular bloc (PR 212ms). A coronarography described a calcific spheroid lesion with a para-aortic left situation. An occlusion of the LAD and a stenosis of the OM1 in the ostia estimated at 80-85% were also reported. During the coronary artery bypass, we discovered a hard and white tumor affecting the proximal LAD (C). The dissection showed a calcified aneurysm of the LAD of 2x1.5x1.5 cm (D). Pathological examination revealed an atherosclerotic etiology with no sign of inflammatory disease.