

CONTAINED RUPTURE OF VENTRICULAR WALL AND VENTRICULAR SEPTAL DEFECT IN THE SAME PATIENT FOLLOWING MYOCARDIAL INFARCTION

Nickalaus L. Gramze, M.D.; Eric Y. Yang, M.D., Ph.D.; Faisal Nabi, M.D.; Dipan Shah, M.D.

Houston Methodist DeBakey Heart & Vascular Center, Houston Methodist Hospital, Houston, Texas

A 64-year-old man presented with an inferior ST-elevation myocardial infarction. The patient underwent emergent percutaneous coronary intervention of his right coronary artery. Cine cardiac magnetic resonance imaging showed a contained rupture of the inferobasal wall with pseudoaneurysm formation (A). Delayed enhancement image showed the transmural infarct (B). Cardiac computed tomography multiplanar reconstruction also

showed an associated ventricular septal defect (C). Transthoracic echo color Doppler image showed flow across ventricular septal defect (D). Although relatively rare, both pseudoaneurysms and ventricular septal defects are well-known mechanical complications after myocardial infarction that increase the risk of mortality. This patient had bovine pericardial patch repair of both defects 3 weeks later, after which he was discharged to cardiac rehabilitation.

