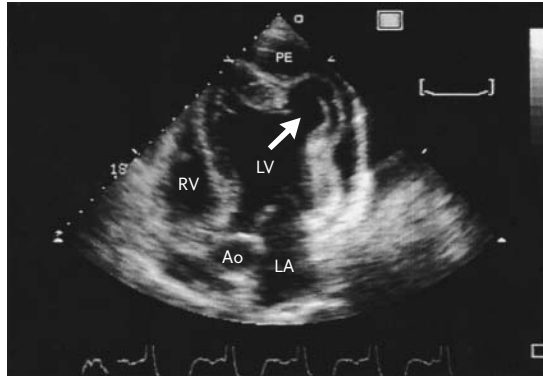


Impending Rupture of the Myocardial Wall



A 45-YEAR-OLD MAN WITH A HISTORY OF HYPERTENSION WAS ADMITTED to the hospital because of nausea, dizziness, and chest pain. Three weeks previously, the patient had had angina pectoris for several hours, but a physician was not consulted. At presentation, acute myocardial infarction was ruled out by laboratory tests and electrocardiography. An echocardiogram (Figure and Video) showed a circumscinded pseudoaneurysm (arrow) of the lateral wall of the left ventricle (LV) and a large pericardial effusion (PE) in the apical five-chamber view. Coronary angiography was performed and showed only distal occlusion of the obtuse marginal branch. The patient was transferred from the catheterization unit to the operating room, the defect was surgically closed, and the patient recovered uneventfully.

Myocardial rupture is a complication of acute myocardial infarction that is almost always fatal. It usually affects elderly patients between the third and sixth day after myocardial infarction. This patient survived because the epicardium remained intact. RV denotes right ventricle, Ao aorta, and LA left atrium.

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