

Images in clinical medicine



Cardiac compression due to a large peri-prosthetic aneurysm of the descending aorta

 Hassen Ibn Hadj Amor^{1,&}, Cyrine Aousji¹

Corresponding author: Hassen Ibn Hadj Amor, Department of Cardiology, Taher Sfar Hospital, Mahdia, Tunisia. hasseniibhadjamor@yahoo.fr

Received: 21 Mar 2021 - **Accepted:** 01 Apr 2021 - **Published:** 18 Apr 2021

Keywords: Aortic aneurysm, aortic stent grafting, cardiac compression

Copyright: Hassen Ibn Hadj Amor et al. Pan African Medical Journal (ISSN: 1937-8688). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Hassen Ibn Hadj Amor et al. Cardiac compression due to a large peri-prosthetic aneurysm of the descending aorta. Pan African Medical Journal. 2021;38(376). 10.11604/pamj.2021.38.376.28981

Available online at: <https://www.panafrican-med-journal.com//content/article/38/376/full>

Cardiac compression due to a large peri-prosthetic aneurysm of the descending aorta

Hassen Ibn Hadj Amor^{1,&}, Cyrine Aousji¹

¹Department of Cardiology, Taher Sfar Hospital, Mahdia, Tunisia

&Corresponding author

Hassen Ibn Hadj Amor, Department of Cardiology, Taher Sfar Hospital, Mahdia, Tunisia

Image in medicine

A 77-year-old hypertensive man was admitted in cardiology department with acute chest pain and dyspnea. In his past medical history, he underwent endovascular aortic repair with stent grafting for a DeBakey III aortic dissection at the age of 64. His physical examination as well as a 12-lead electrocardiogram were unremarkable. Laboratory tests showed normal troponin levels. Renal function tests were normal. Hemoglobin count was 8.9 g/dL. Echocardiography revealed a preserved left ventricular function, a mild pericardial effusion and most importantly a large peri-prosthetic aneurysm with partial semi-circumferential

thrombosis, compressing the left ventricle and the left atrium. Computed tomography (CT) angiography of the chest showed the same huge, partially thrombosed aneurysm of the descending aorta with a mass effect on the neighboring mediastinal structures. The course was marked by

the worsening of symptoms and the increase in the size of the aneurysm. Based on these findings, the patient was referred to urgent surgery. During the operation, the patient passed away due to a fatal bleeding.

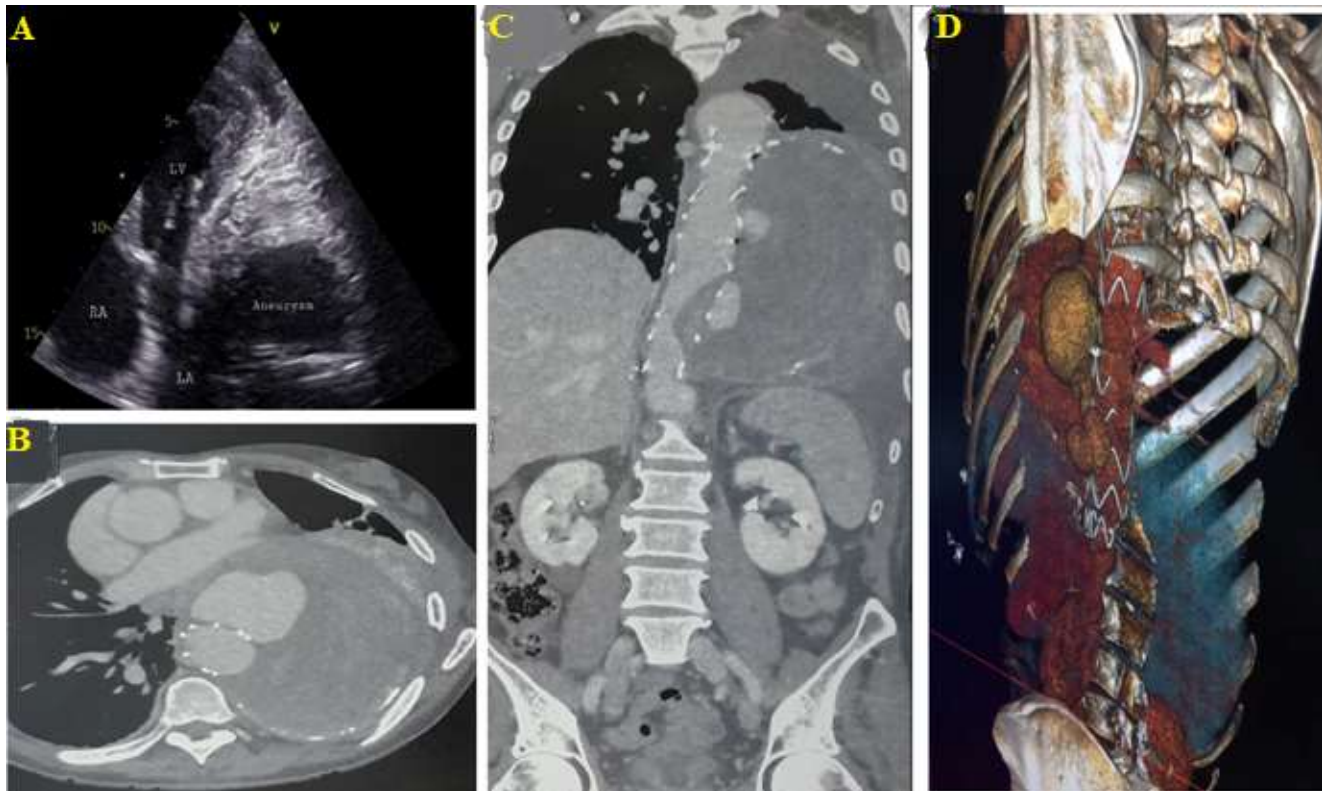


Figure 1: A) apical 4 chamber two-dimensional transthoracic echocardiogram showing compression of left cardiac chambers by descending thoracic aneurysm, with mural thrombus; B) contrast enhanced transversal computed tomographic imaging revealed eccentric saccular aneurysm of size 182 x 127 x 80 with mural thrombus arising from the arch and descending thoracic aorta, with compression of trachea, oesophagus and left cardiac chambers; C) contrast enhanced sagittal computed tomographic imaging revealed eccentric saccular aneurysm of size 182 x 127 x 80 with mural thrombus arising from the arch and descending thoracic aorta; D) three-dimensional abdominal angiographic CT scan showing peri-prosthetic descending aortic aneurysm