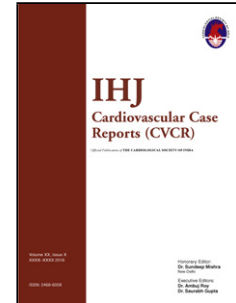


## Accepted Manuscript

Title: Percutaneous device closure of 'Left Ventricular Pseudoaneurysm' following coronary artery bypass graft surgery

Authors: Anil Mishra, Subhendu Mondal, Lalit Kapoor, Saswata Bharati



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**Abstract:** Left ventricular pseudoaneurysm occurs as a complication of acute myocardial infarction or cardiac surgery. Surgical closure is the de-facto procedure of choice. However, recently percutaneous device closure has been tried successfully in a few patients. This could be a very effective alternative choice in high risk patients and in patients where redo cardiac surgery should be avoided. We were successful in closing a left ventricular pseudoaneurysm in a sixty-seven-year-old man following coronary artery bypass graft surgery.

**Key Words:** Left ventricular pseudoaneurysm; CABG; Device closure

**Introduction:** Percutaneous device closure of ventricular septal defect following acute myocardial infarction (AMI) is fairly common these days. However, device closure of ventricular pseudoaneurysm is very rare and only a few case reports can be found from the published literature.<sup>1,2</sup> We have come across with single case report from India.<sup>3</sup> We report device closure of left ventricular pseudoaneurysm in a sixty-seven-year old man who underwent coronary artery bypass graft surgery (CABG) 13 years back.

**Case history:** A sixty-seven-year-old man presented with sudden onset retrosternal chest pain associated with generalized weakness. He is a known case of ischemic heart disease (IHD) for which he had undergone coronary artery bypass grafting (CABG) surgery which included two grafts [Left internal mammary artery (LIMA) to left anterior descending artery (LAD) and reverse saphenous vein (RSVG) to posterior descending artery (PDA)] in 2004. In 2012 he had undergone percutaneous transluminal coronary angioplasty when a stent was placed in the blocked vein graft to the PDA. He is also a known hypertensive.

During the evaluation, coronary angiography revealed native double vessel disease with patent LIMA to LAD graft but diseased RSVG to PDA graft. 2-D echocardiography revealed a pseudoaneurysm of the postero-inferior wall of left ventricle (LV) with a orifice of about 4 mm

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