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Coronary artery aneurysms: Variable presentations and management

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Background: Coronary Artery Aneurysms (CAA) are rare clinical entities. They are found in 0.3-5% of patients undergoing coronary angiography. Angiography is the mainstay for diagnosis. The optimal management of CAA remains controversial and largely based on case reports and anecdotal experience.

Case Description: We report two cases of CAA. First, a 74-year-old man with history of typical angina pectoris underwent invasive coronary angiography that showed in the proximal Left Anterior Descending (LAD) a large saccular aneurysm. The second patient is a 78-year-old man presenting to the emergency department for chest pain with ST segment elevation. Coronary angiogram was emergently performed which showed Pseudo Aneurysm (PSA) of the distal right posterior descending coronary artery. Cardiac CT confirmed PSA and contained coronary perforation with hematoma in the pericardial space, suggestive of leaking aneurysm.

Case Outcomes: Cardiothoracic surgery performed surgical excision of the saccular aneurysm in the first patient with a left internal mammary artery bypass to the LAD (Left Anterior Descending). Two days after the procedure, the patient developed ventricular tachycardia that became refractory to medical therapy and the patient expired. The second patient had PCI (Percutaneous Coronary Intervention) with successful coil embolization of the PSA with no complications and was discharged home.

Discussion: Untreated CAA may be complicated by myocardial ischemia or infarction, distal embolization due to thrombus formation within the aneurysm and spontaneous rupture. The prognosis and management are controversial. Our two cases illustrate the varied presentations, management and outcomes in this rare patient population. More data and outcomes studies are needed to help guide future management of these patients.

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