

# Subacute ventricular wall rupture

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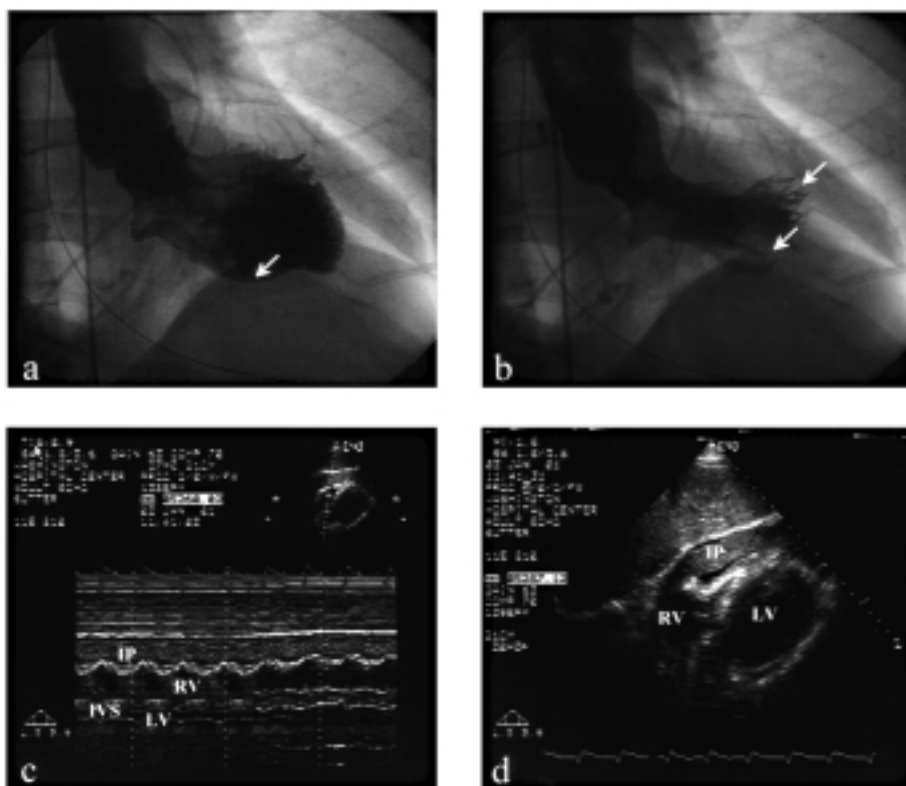
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A 63-year-old male was admitted with evidence of acute inferolateral myocardial infarction. The patient was treated with tenecteplase and shortly afterwards experienced an episode of severe hypotension and cardiac arrest. Following successful resuscitation he was transferred for emergent cardiac catheterization. Left ventriculography demonstrated diaphragmatic wall aneurysm and “mesh-like” bulging of the anterolateral border (arrow) [end-diastolic (Fig. 1a) and end-systolic (Fig. 1b) frames of 30° right anterior oblique view]. Transthoracic echocardiogram revealed pericardial effusion with echogenic mass suggestive of intrapericardial thrombus.

Transthoracic M-mode (Fig. 1c) and two-dimensional echocardiographic images (Fig. 1d) demonstrated 2 cm wide mostly anterior pericardial effusion. There was a moderate-size high acoustic intrapericardial echogenic mass.

During surgical exploration the pericardial sac contained ~200 ml of clotted blood. A 2 cm linear tear was found at the center of a 4 × 5 cm acutely infarcted area in the territory of the third obtuse marginal artery. The tear was repaired with a pericardial patch, followed by three-bypass grafting. The patient was discharged at day 10 following the operation.



**Figure 1.** IP = intrapericardial mass; IVS = interventricular septum; LV = left ventricle; RV = right ventricle.