

## Calcified Left Ventricular Aneurysm

**TO THE EDITOR:** Lee and Atwood (March 6 issue)<sup>1</sup> provide an example of a calcified left ventricular aneurysm visualized by computed tomography (CT). On closer inspection, the pattern of calcifications in the apical region of the left ventricle gives reason to suspect the presence of a partly calcified ventricular thrombus as well. The arrow in their image actually points at a smaller calcified area that is clearly disparate from the thin, crescent-shaped calcification of the aneurysm itself and may be part of an apical thrombus. In addition, there are two smaller and less well-defined regions of higher attenuation close to either end of this structure, again raising the suspicion of small calcifications (which may appear less sharply delineated because of motion artifacts). Such a pattern is typical of a partly calcified thrombus (Fig. 1); thus, this diagnosis must be taken into account, and further imaging may be warranted. The findings might have been clearer if CT technology with higher temporal resolution had been used.

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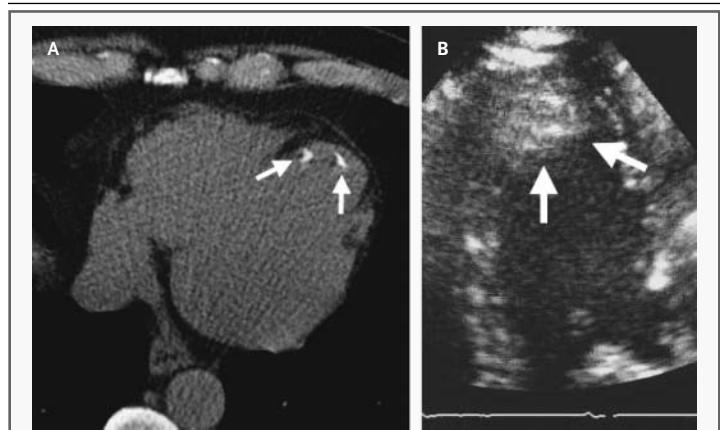
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1. Lee BK, Atwood JE. Calcified left ventricular aneurysm. *N Engl J Med* 2003;348:918.

**THE AUTHORS REPLY:** Achenbach et al. make excellent observations regarding our image of a calcified left ventricular aneurysm. The arrow should have pointed directly at the outer crescent-shaped calcified left ventricular aneurysm, which was the main finding in our CT image.

Achenbach et al. also point out that there are



**Figure 1.** Calcifications Visualized by Electron-Beam CT in the Apical Region of the Left Ventricle (Panel A, Arrows), Raising the Suspicion of a Partly Calcified Thrombus, and an Echocardiograph Showing the Thrombus in a Modified Two-Chamber View (Panel B, Arrows).

smaller calcified areas that are disparate from the calcified left ventricular aneurysm. We agree that this calcification may be part of an apical thrombus. A CT scan with intravenous contrast medium would probably have been better at delineating a thrombus, but intravenous contrast medium could not be used, since the patient had renal insufficiency. Echocardiography did not show an apical thrombus. However, an apical thrombus could have been obscured by the surrounding calcification.

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## Case 9-2003: Mediastinal Germ-Cell Tumor

**TO THE EDITOR:** With regard to the discussion by Friedmann et al. (March 20 issue)<sup>1</sup> of a mediastinal germ-cell tumor in an 18-year-old man, a malignant mediastinal germ-cell tumor in a young man should raise the suspicion of Klinefelter's syndrome (47,XXY). Patients with Klinefelter's syn-

drome have a relative risk of 66.7 for the development of a malignant mediastinal germ-cell tumor.<sup>2</sup> At least 8 percent of male patients with primary mediastinal tumors have Klinefelter's syndrome — 50 times the expected frequency.<sup>3</sup> In a recent study,<sup>4</sup> all 10 adolescents with a malignant mediastinal germ-