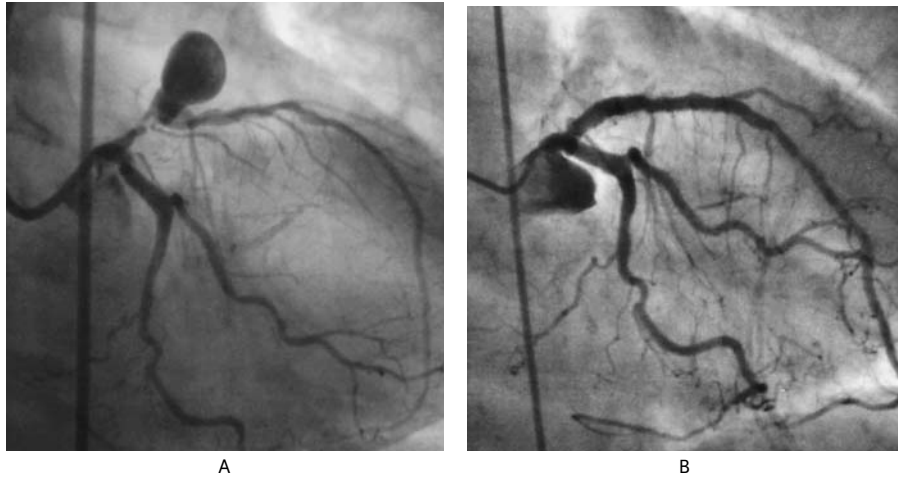


## IMAGES IN CLINICAL MEDICINE

## Aneurysm of the Left Anterior Descending Coronary Artery



Dale T. Ashby, M.B., B.S., Ph.D.

Cardiovascular Research Foundation  
New York, NY 10022

Michael B. Collins, M.D.

Lenox Hill Heart and Vascular Institute  
New York, NY 10021

**A** 74-YEAR-OLD WOMAN WITH A HISTORY OF HYPERTENSION, HYPERcholesterolemia, and non-Q-wave myocardial infarction presented with exertional angina that had worsened over the course of the preceding month. Coronary angiography revealed triple-vessel coronary artery disease and a large saccular aneurysm of the proximal left anterior descending coronary artery (Panel A). There was severe stenosis in the artery immediately proximal to the aneurysm and stenosis in the middle portion of the artery. Intravascular ultrasonography of the proximal left anterior descending coronary artery showed that the neck of the aneurysm was 10 mm in length.

The lesions in the circumflex artery and the right coronary artery were stented. The lesion in the middle portion of the left anterior descending coronary artery was stented with a conventional tubular, slotted, stainless-steel stent, and the stenosis and aneurysm in the proximal portion of the artery were treated with a polytetrafluoroethylene-covered stent. The covered stent completely closed the entrance of the aneurysm, and no contrast medium was seen entering the aneurysm in the final angiographic images (Panel B). The patient was discharged, and treatment with aspirin and clopidogrel was begun. At six months of follow-up, she had had no events. Video A shows the artery before repair of the aneurysm; Video B shows the artery after repair.

*Copyright © 2003 Massachusetts Medical Society.*