Image in cardiology

When a heart became a shield...

Cuando el corazón se convierte en un escudo...

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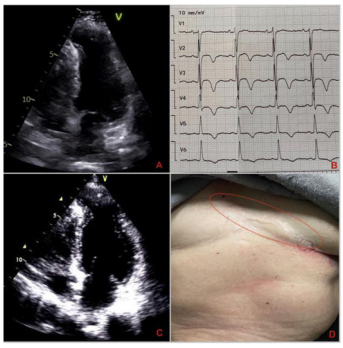

Figure 1.

A 60-year-old woman with history of depression presented to our cardiology clinic for her routine follow-up. Her echocardiogram showed an apical pseudoaneurysm of the left ventricle without mural thrombus, no other residual hypokinesis, and T wave inversion of the precordialelectrocardiogram leads (figure 1A,B, video 1 of the supplementary data). Six years previously, she had had an ischemic stroke. During the workup, she underwent a transthoracic echocardiogram for the first time, which depicted the left apical pseudoaneurysm with mural thrombus. She was started on rivaroxaban and remains on the ddrug today (figure 1C). Coronary angiography was performed to rule out coronary artery disease. Notable was a scar on the patient's chest (figure 1D). To determine the cause, her medical history was reviewed. Fifteen years previously she had stabbed herself in the chest during a suicide attempt, which was confirmed by hospital records. Due to the penetrating chest injury, the patient underwent emergent surgery by a general surgeon, in the absence of a thoracic surgeon in our isolated island hospital, and successful hemostasis was achieved. She completed 10 days of uncomplicated hospitalization under psychiatric surveillance.

Our patient was lucky to survive because a potentially lethal penetrating heart trauma probably resulting in a localized left apical myocardial rupture was limited by the formation of an apical pseudoaneurysm. Moreover, the patient remained asymptomatic until a thrombotic event occurred leading to the diagnosis of the pseudoaneurysm with a mural thrombus that was completely erased with anticoagulants. As the pseudoaneurysm remained stable for years and the patient preferred not to proceed to surgery, a conservative approach was selected. The patient provided informed consent for the publication of this case.

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AUTHORS' CONTRIBUTIONS

All authors contributed equally in to the drafting and revising of the manuscript.

CONFLICTS OF INTEREST

Nothing to declare.

APPENDIX. SUPPLEMENTARY DATA

Supplementary data associated with this article can be found in the online version available at https://doi.org/10.1016/j.rec.2022.04.001

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