Left Ventricular Rupture Post Myocardial Infarction

A Case Study by Mr Nick Roubos

A 76 year old man presented with pain consistent with pericarditis but not angina. He had some episodes of atrial fibrillation, a nocturnal cough and some exertional dyspnoea. Coronary angiography showed significant LAD disease and he was planned for a stent 2 weeks later.

At repeat angiography a defect was noted in the posterior left ventricular wall (image 1).

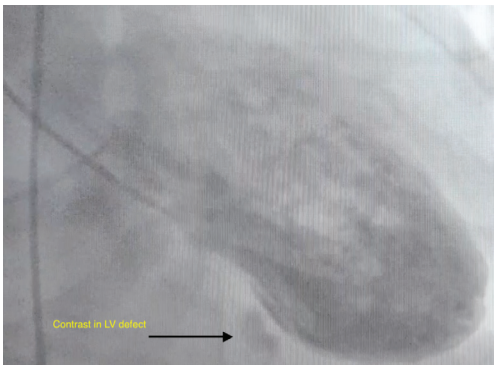

image 1

Further investigation with echocardiography showed a clear rupture in the posterior left ventricle with some communication into the pericardial cavity (image 2).

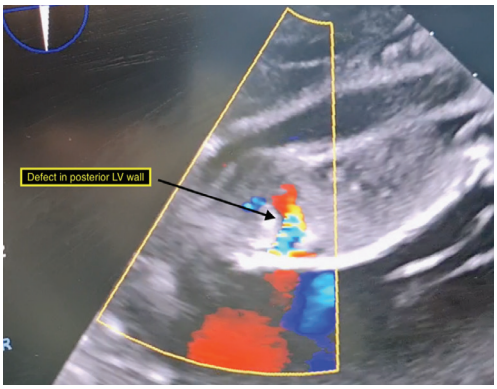

image 2

He was referred for coronary bypass surgery and repair of the left ventricular free wall rupture.

At surgery, there were marked adhesions consistent with recent haemopericardium and the defect had been contained by the adhesions.

The heart was dissected free of the adhesions and the defect was repaired with two Teflon strips sutured over the defect and a pericardial patch which was glued on to the repair.

The patient also underwent two bypass grafts.

His heart function was well preserved and he tolerated the surgery well.

He was discharged on the 7th postoperative day without complications. On review has made an excellent recovery with normal exercise tolerance and no angina or heart failure symptoms.

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Mr Nick Roubos's special interests include:

- Coronary artery bypass surgery
- Valve repair and replacement
- Aortic surgery
- Lung cancer surgery
- VATS procedures (minimally invasive)
  - Pleurodesis, biopsy, mediastinal masses
- Pericardiectomy
- TAVI.

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