



IMAGES IN INTENSIVE MEDICINE

Coronary aneurysm with calcification in a young adult: An unusual cause of cardiac arrest



Aneurisma coronario con calcificación en un adulto joven: una causa inusual de paro cardíaco

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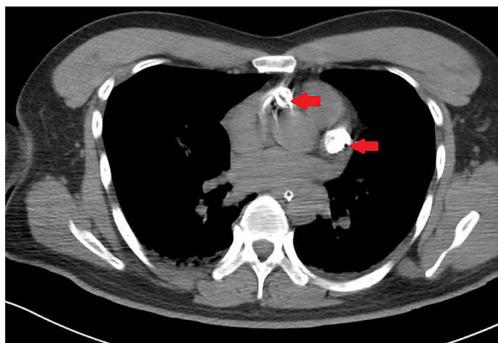


Figure 1 Transverse chest CT image. Red arrows indicate locations of high-density shadows.

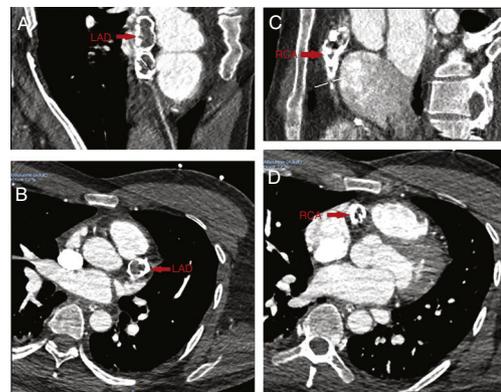


Figure 2 Transverse (B, D) and parasagittal (A, C) CTA images. Ectatic left anterior descending coronary artery (LAD; red arrows in A and B) and right coronary artery (RCA; red arrows in C and D) with intraluminal calcification.

A 29-year-old man was admitted to our emergency department after a cardiac arrest. The patient had suffered sudden cardiac arrest while exercising 30 min prior to his medical evaluation. Bystanders on the scene performed cardiopulmonary resuscitation and achieved restoration of spontaneous circulation after about 10 min. In the emergency department, the patient developed repeated convulsions. Consequently, the patient received intra-tracheal intubation and was admitted to the ICU. A chest computed tomography (CT) showed patchy high-density abnormalities in the heart shadow area (Fig. 1). Electrocardiography and echocardiography results with no obvious abnormalities. The patient's parents reported that he did not have a history of heart surgery. Suspecting cardiogenic etiological factors, we performed a coronary CT angiography (CTA).

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The results suggested a large mass-associated dilatation of the proximal right coronary artery and left anterior descending coronary artery. Irregular calcification was visible in the lumen of two coronary artery sites with moderate to severe stenosis (Fig. 2). Previous history and the characteristics of coronary CTA suggested Kawasaki disease. After 6 days, the patient was transferred out of the ICU, after which he exhibited a good recovery. The patient was referred to a cardiac specialist and underwent coronary artery bypass grafting a month later.

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