Abstract

Introduction: Idiopathic LV aneurysms without identifiable underlying cause are rare. However, they may be associated with life-threatening ventricular tachyarrhythmias and cardiac arrest, even as a first manifestation of the disease.

Case report: We present a case of ventricular tachycardia originating from an inferobasal left ventricular aneurysm. A 67-year-old woman patient presented with complaints of palpitation, breathlessness, and dizziness of two-hour onset. The electrocardiogram showed wide-QRS tachycardia with right bundle branch block morphology compatible with ventricular tachycardia. The electrocardiogram recorded after conversion showed a sinus rhythm, normal QT interval and a 0.5 mm-ST depression in the lateral leads. Echocardiographic examination disclosed a dyskinetic aneurysmal region in the inferobasal segment of the left ventricle. Coronary arteries were normal on angiography. Cardiac magnetic resonance imaging (CMRI) showed an important focal thinning in inferobasal segment shaping up an aneurysm of 30×10 mm. No myocardic delayed enhancement was noticed, except in the aneurysmal region. Electrophysiologic study was not performed. A 24-hour Holter electrocardiographic recording, performed 2 weeks after oral administration of amiodarone and atenolol, detected 1240 ventricular premature complexes (right bundle branch block pattern). A cardioverter defibrillator was successfully implanted.