

Images in Clinical Rheumatology

Coronary Arteritis and Pseudoaneurysm in Behçet's Disease: A Rare Cause of Myocardial Infarction[☆]



Arteritis y pseudoaneurisma coronarios en la enfermedad de Behçet: una causa infrecuente de infarto de miocardio

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The patient was a 32 year old male of Moroccan origin, diagnosed with Behçet's disease 2 years earlier after suffering cerebral venous thrombosis. During that episode, oral and painful genital ulcers had appeared and oral anticoagulation with acenocumarol was started. He came to the emergency room due to persistent and oppressive chest pain with ST segment elevation in the precordial leads, so we decided to perform emergency coronary angiography which revealed the existence of a stenosis of the distal left main coronary artery, which communicated through a narrow passage with a cavity which in turn compressed the proximal left anterior descending artery, occluding it (Fig. 1A and B).

The patient underwent urgent cardiac surgery, demonstrating the presence of a pseudoaneurysm with fresh thrombi inside (Fig. 1C and D). CABG was performed with off-pump mammary arteries.

Currently, the patient has moderate left ventricular systolic dysfunction and is in functional class II of the New York Heart Association.

Behçet's disease produces obliterative arteritis and endarteritis of the *vasa vasorum*, with medial degeneration that predisposes to aneurysms and pseudoaneurysms,^{1,2} although coronary involvement is unusual.³ While there are cases of coronary pseudoaneurysm that can be effectively treated with stents,⁴ the anatomical location of the aneurysm in our patient obliged us not to perform percutaneous treatment and led to a delay in restoring blood flow, which resulted in impaired left ventricular function.

In patients with Behçet's disease, the surgeon often faces damaged and swollen vascular tissue, leading to subsequent complications both at the graft level, and when manipulating the thoracic aorta.⁵

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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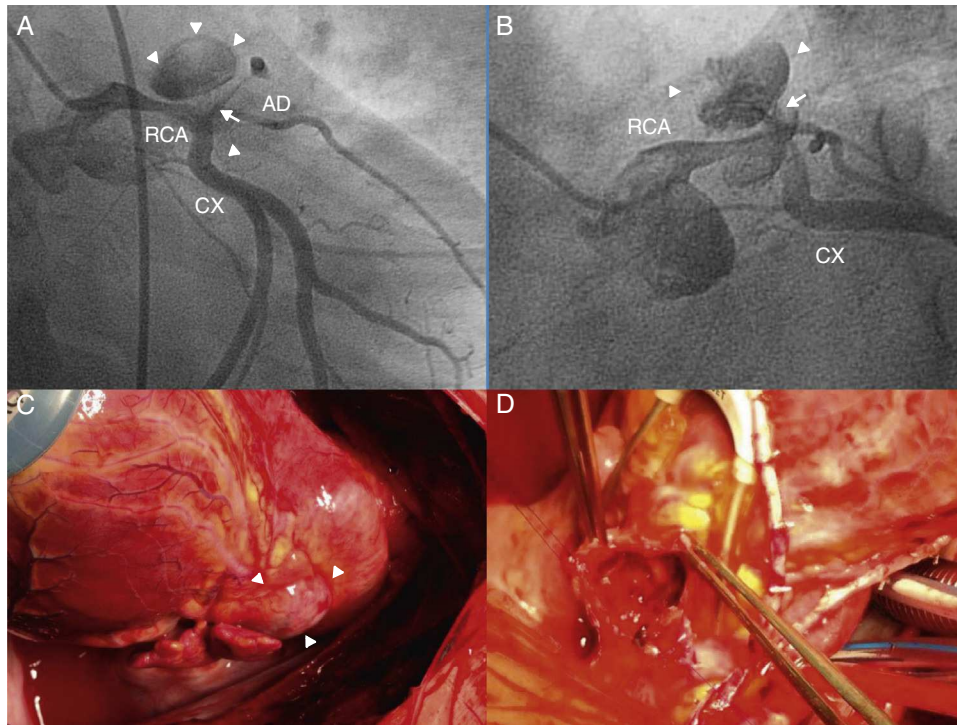


Fig. 1. Pseudoaneurysm of left main coronary artery. (A) Left coronary right anterior oblique projection. RCA, right coronary artery; CX, circumflex; AD, anterior descending. The arrow indicates the neck of the pseudoaneurysm, limited by arrowheads. (B) Coronary flow in the left oblique projection. (C) Image of the pseudoaneurysm from the position of surgeon. (D) Open pseudoaneurysm.

Conflict of Interest

The authors have no conflict of interest to state.

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