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Case Report

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Giant Coronary Artery Aneurysm Presenting Myocardial Infarction in Patient with Kawasaki Disease

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Abstract

Kawasaki disease is a systemic vasculitis of unknown etiology. It usually affects small and medium-sized vessels. The complication of coronary artery is aneurysm, which may lead to myocardial ischemia and infarction due to stenosis or thrombosis. We reported a case of patient with giant coronary artery aneurysm presenting myocardial infarction in Kawasaki disease.

Keywords: Coronary Artery; Aneurysm; Myocardial Infarction; Kawasaki Disease

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A 29-year-old man with no prior history was admitted to our emergency room complaining of chest pain. Chest X–ray showed no active lung lesion. Electrocardiogram revealed normal (Figure 1). Initial cardiac enzymes were elevated (CK-MB/troponin I:54.6/2.72 ng/mL). Transthoracic echocardiography showed normal left ventricular systolic function with mild inferior wall motion abnormality. Coronary angiography demonstrated a large saccular aneurysm arising from the proximal Left Anterior Descending (LAD) with significant discrete stenosis and total occlusion with thrombosis in the proximal Right Coronary Artery (RCA). There was collateral flow from LAD to distal RCA (Figure 2). Coronary CT angiography showed a giant coronary aneurysm (1.2 cm) with tight proximal and distal stenosis at the LAD and total occlusion at the proximal RCA (Figure 3). The patient underwent coronary artery bypass graft. The patient had an uneventful postoperative course and was discharged. Cardiac complications are the main causes of morbidity and mortality in patients with Kawasaki disease [1]. Myocardial infarction may be occurred in Kawasaki disease due to flow abnormalities presenting in the coronary artery aneurysm [2].

Figure 1: Electrocardiogram showing normal

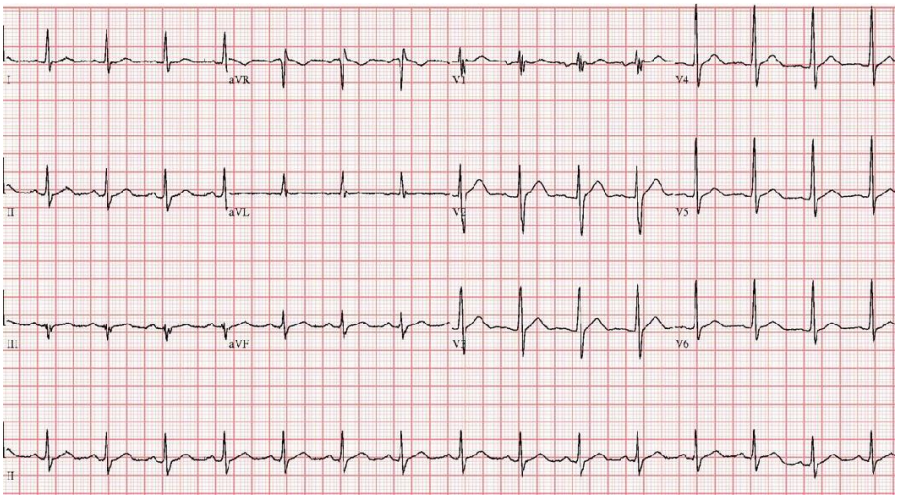


Figure 2: Coronary artery angiography showing a large aneurysm, a collateral flow from LAD to distal RCA.

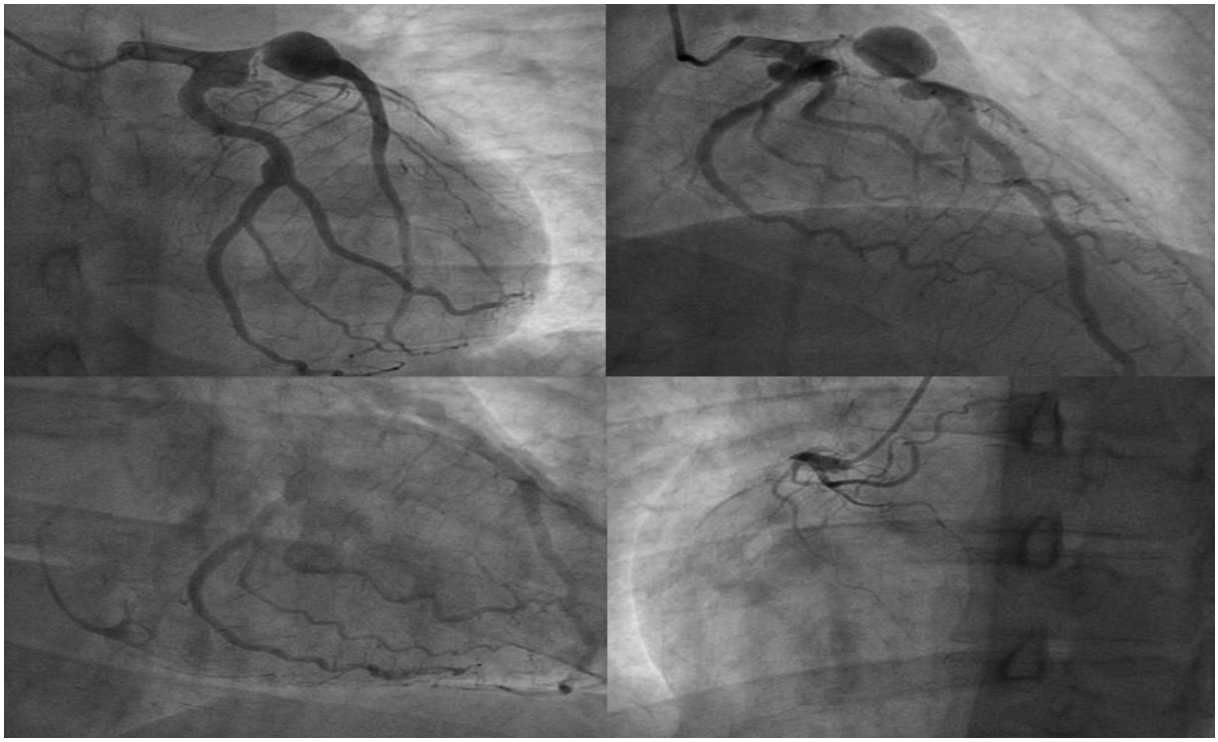
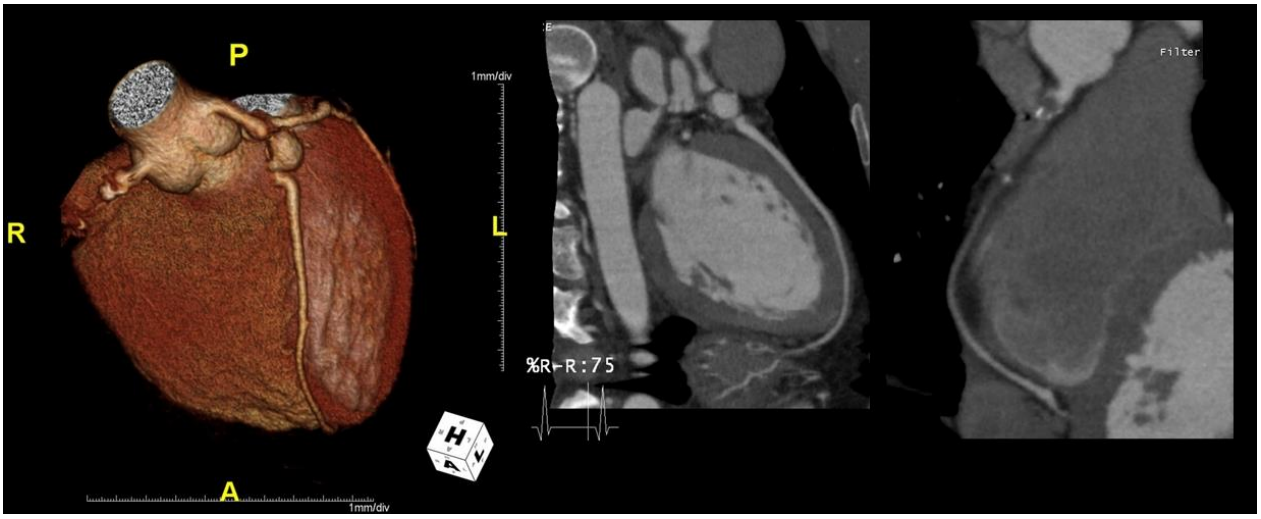


Figure 3: Coronary CT angiography showing a giant coronary aneurysm with significant proximal and distal stenosis at the LAD



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