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Clinical Image

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Left Ventricular Pseudo-Aneurysm after Ventricular Repair's Rupture in Behcet Disease

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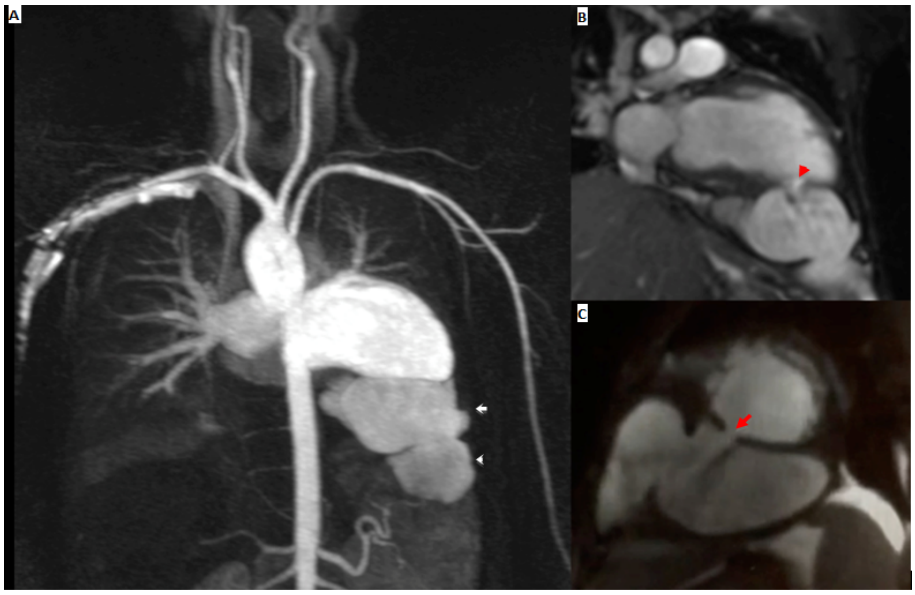

Figure 1: Cardiac magnetic resonance - Cine sequences on two chambers view (A) Showing the inferior wall's rupture (red arrowhead) and the giant left ventricular' s pseudo aneurysm (white arrowhead) (B) Short axis view (C) and 3D CMR angiography.

Left ventricular pseudo aneurysm can be a complication of BD explained by myocardial fragility induced by ischemia due to the vacuities process. Cardiovascular surgery in patients with Behcet's disease in the active inflammatory phase may frequently lead to major postoperative complications, including patch's dehiscence. Immunosuppressive treatment could help in the management of such complications. A careful follow-up is necessary even in a patient with initial successful patch repair.

A 21-year-old boy, with medical history of Behcet disease (BD) complicated by giant left ventricle pseudo aneurysm underwent in 2014 a surgical repair by *patch* closure, with good post-operative outcomes.

He was admitted 3 years later with signs of congestive heart failure. Cardiac magnetic resonance (Figure 1, Movie S1 and S2) showed severe hypokinetic dilated cardiomyopathy with important systolic dysfunction (EF=20%) and ventricular rupture at inferior wall due to patch's dehiscence leading to a giant left ventricle pseudo aneurysm (95 × 49 mm), The patient was managed conservatively.

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Supplementary Materials

Movie S1: 3D CMR angiography showing the inferior wall's rupture and the giant left ventricular's pseudo aneurysm.

Movie S2: Cardiac magnetic resonance: Cine sequences on two chambers view showing the inferior wall's rupture and the giant left ventricular' s pseudo aneurysm.