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Cover Page Footnote
We acknowledge our cardiology team for all the help in management of the patient

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Infected Coronary Artery Aneurysm - A Rare but Fatal Complication of Percutaneous Coronary Intervention

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A 43 year old male underwent successful PCI to LCX. 3 months after the procedure, he presented with NYHA class III-IV angina associated with low grade fever and reduced appetite. Biochemical parameters including complete blood count and renal function tests were normal. Coronary angiogram revealed large mycotic aneurysms in LAD and LCX coronary arteries (Fig. 1). Blood culture showed growth of *Pseudomonas aeruginosa*. The patient developed refractory pulmonary edema few hours after the coronary angiogram and could not be saved. Infected coronary aneurysms are a rare and potentially fatal complication [1] after drug eluting stent implantation [2] and may arise from contamination of cathlab equipment.

ECG showed ST segment depression in lateral leads. Echocardiography showed lateral wall hypokinesia with moderate mitral valve regurgitation. Coronary angiogram revealed large mycotic aneurysms in LAD and LCX coronary arteries (Fig. 1). Blood culture showed growth of *Pseudomonas aeruginosa*. The patient developed refractory pulmonary edema few hours after the coronary angiogram and could not be saved. Infected coronary aneurysms are a rare and potentially fatal complication [1] after drug eluting stent implantation [2] and may arise from contamination of cathlab equipment.

References


Fig. 1. Post PTCA to LCX image. Infected coronary aneurysms in Left main and LCX vessels seen 3 months after index procedure.