A 49-year-old man presented with a 4-hour history of central chest pain. Seventeen years earlier, he had suffered a myocardial infarction with subsequent coronary artery bypass surgery. The admission ECG showed a left-bundle-branch-block pattern, and chest x-ray showed bilateral mediastinal enlargement (Figure 1). An echocardiogram (Figure 2) identified a left-sided aneurysm measuring 7 cm that was located anterior to the aorta; the aneurysm was compressing the main pulmonary artery. He had a second right-sided aneurysm measuring 6 cm. A gadolinium contrast–enhanced magnetic resonance angiogram was performed to establish the anatomy. Maximum-intensity-projection reformating of the angiogram demonstrated an aneurysm of the graft to the left anterior descending artery (Figure 3) and an aneurysm of the graft to the right coronary artery (Figure 3). Surgical resection of the aneurysms and quadruple-bypass grafting was successfully performed 2 months later. The man has returned to normal activities.
Contrast-Enhanced Magnetic Resonance Angiogram of Coronary Artery Bypass Graft Aneurysm
Nicholas H. Bunce, Raad H. Mohiaddin, Maher D. Dahdal, J. Simon R. Gibbs and Dudley J. Pennell

_Circulation_. 2000;102:3148
doi: 10.1161/01.CIR.102.25.3148

_Circulation_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
http://circ.ahajournals.org/content/102/25/3148

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