

Incidentally diagnosed left ventricular diverticulum in a patient with coronary artery disease

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To the Editor,

An 81-year-old female patient was admitted with chest pain on exertion and dyspnea. Physical examination revealed no specific findings except for a 1/6 grade systolic murmur heard at the tricuspid area. The electrocardiogram showed sinus rhythm with pathologic Q waves at inferior derivations. Subsequently performed transthoracic echocardiography revealed regional inferior and posterior wall motion abnormality and an ejection fraction of 52%. There was no evidence of left ventricular diverticulum or aneurysm on transthoracic echocardiography in any views. Afterwards, the patient underwent coronary

angiography and left ventriculography which demonstrated three vessels disease. On left ventriculography obtained from the right anterior oblique position, a contractile left ventricular diverticulum with a narrow neck, arising from the left ventricular apical region was incidentally diagnosed (Figure 1). The patient refused surgical treatment, and therefore managed with medical treatment alone. Left ventriculography may help in accidental diagnosis of asymptomatic left ventricular abnormalities like diverticula and may provide also valuable information in the follow-up of such abnormalities.

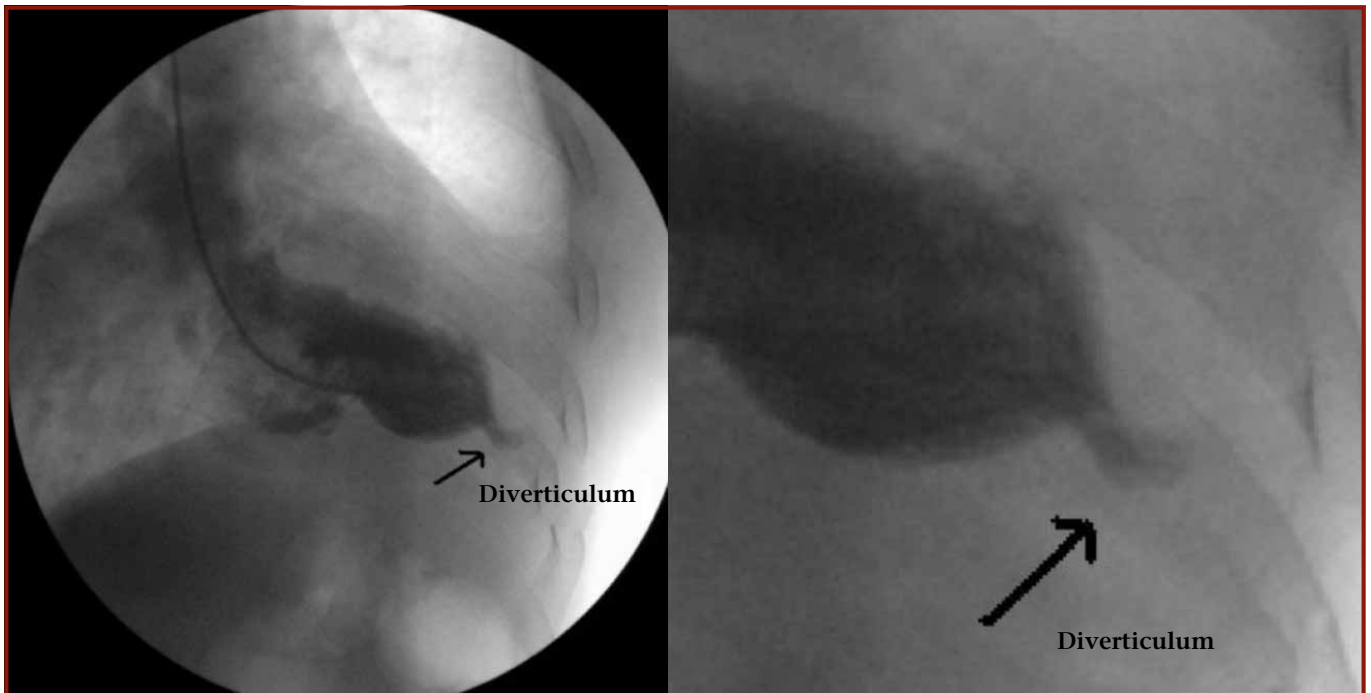


Figure 1. Appearance of diverticulum in left ventricular apical region on left ventriculography obtained from the right anterior oblique position

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