

Asymptomatic giant right coronary artery aneurysms

Aneurismas gigantes assintomáticos na artéria coronária direita

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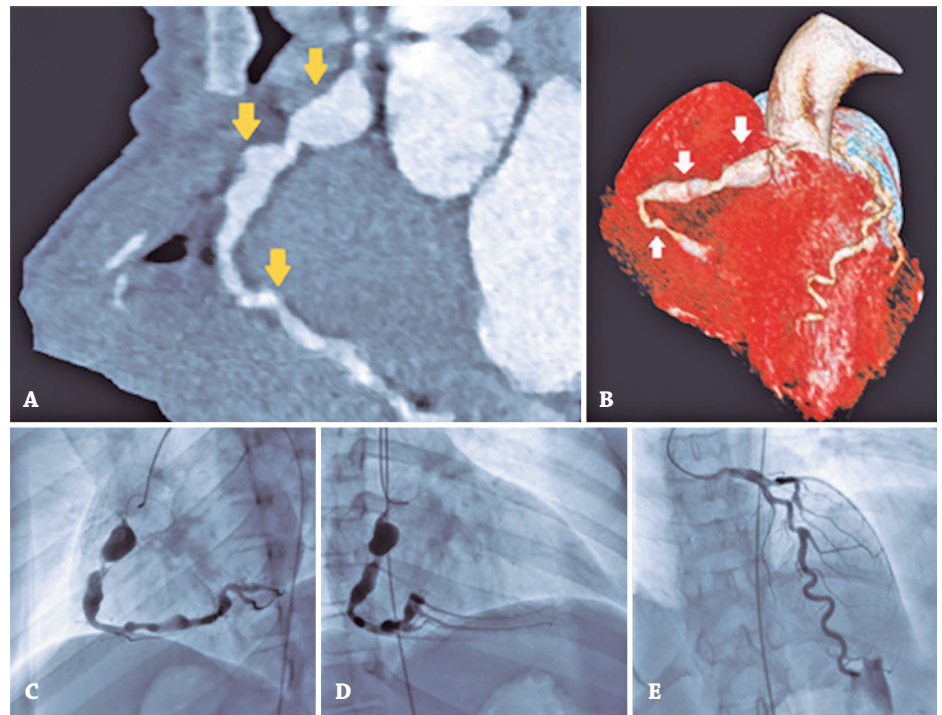


Figure 1. (A) Coronary computed tomography angiography highlighting multiple aneurysms of the right coronary artery (yellow arrows). (B) Three-dimensional reconstruction of right coronary artery aneurysms (white arrows). (C to E) Cardiac catheterization. (C and D) Right coronary artery: five aneurysms (black arrows), one more proximal, one giant in the middle third and three more distal. (E) Left coronary artery: ectasia of the common trunk with 50% stenosis of the middle third of the left anterior descending artery.

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An 11-year-old male patient with a clinical history of psychomotor development delay and ventricular preexcitation required several follow-up visits at another service. No other cardiovascular-associated symptoms were described. Since the family moved home, the child was referred to our hospital. A transthoracic echocardiogram (TTE) was performed as part of standard evaluation in the first appointment, revealing anatomical changes of the coronary arteries. Further investigation included cardiac computed tomography (CT) which showed multiple aneurysmal dilations along the path of the right coronary artery (RCA), the largest measuring 10x10mm, in the proximal segment (Figure 1A). Cardiac catheterization was performed, and five aneurysms in the RCA were identified: a more proximal (18x11mm), one giant in the middle third (7x20mm) and three more distal (5.2mm; 5.5mm; 6mm in diameter) (Figure 1C and 1D). The left coronary artery presented a prominent ectasia (proximal diameter

of 3mm; distal diameter of 5.4mm) of the common trunk, with a 50% stenosis of the middle third of the left anterior descending artery (Figure 1E).

A history of typical Kawasaki disease was denied during the period between visits; however an atypical presentation of this condition cannot be excluded. Other vasculites and aneurysm-related diseases have been excluded. Long-term thromboprophylaxis with low-dose acetylsalicylic acid and warfarin was started.

The TTE is a useful complementary diagnostic test, despite its limitations regarding assessment of coronary arteries. The use of a multi-image approach with CT and cardiac catheterization may be necessary for a more correct anatomical assessment and planning of optimized therapeutic strategies.

SOURCE OF FINANCING

None.

CONFLICTS OF INTEREST

The authors declare there are no conflicts of interest.

CONTRIBUTION OF AUTHORS

Conception and design of the study: RA and JP; data collection: RA; data interpretation: JP; text writing: RA and JP; approval of the final version to be published: MJB and JM.

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Erratum: Asymptomatic giant right coronary artery aneurysms

Errata: Aneurismas gigantes assintomáticos na artéria
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In the article “Asymptomatic giant right coronary artery aneurysms” with DOI number 10.31160/JOTCI202230A20220002, published in April 20, 2022 J Transcat Intervent., on page 1, where we read the orcid number <https://orcid.org/0000-0003-0887-9454> for Joana Pimenta we should read <https://orcid.org/0000-0001-7275-7270>.

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