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Ischaemic ventricular septal rupture: unusual diagnosis by computed tomography

Comunicación interventricular isquémica: diagnóstico inusual mediante tomografía computarizada

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A 71-year-old woman, with a history of dyslipidemia and polyarthrosis, went to Emergency Room due to progressive dyspnea, and reported an episode of prolonged oppressive chest pain eight days before. Physical examination showed a severe holosystolic murmur on left sternal border IV/VI, hypotension, and other low cardiac output symptoms and signs. Because of the initial suspicion of pulmonary thromboembolism a thoracic computed tomography, with intravenous contrast, was performed at the Emergency Room, showing presence of pulmonary arteries without repletion defects and a ventricular septal defect allowing contrast flow from left to right ventricle (**Figure 1**. Coronal plane, where interventricular septal defect can be seen [arrow]). Transthoracic

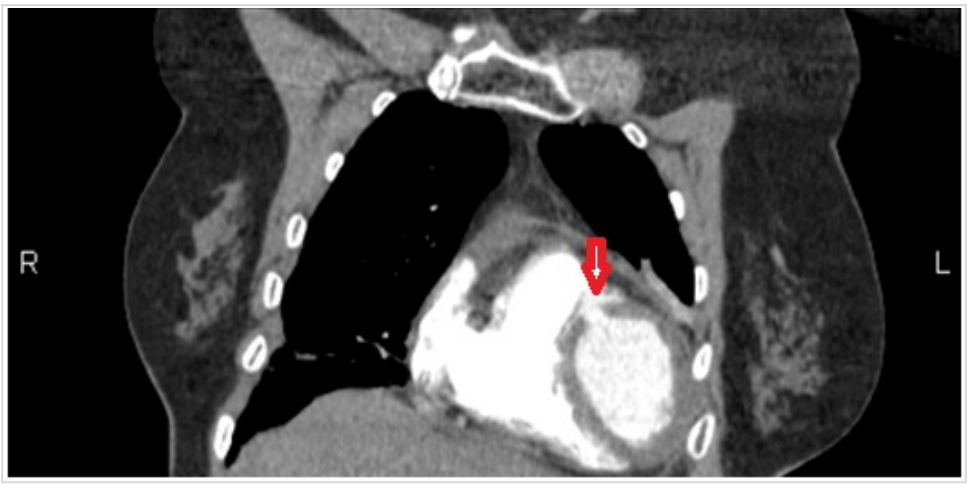

Figure 1.

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color Doppler echocardiography was performed, confirming a 10 mm diameter interventricular septal defect (ISD) at the mid-apical septum (**Figure 2**). Coronary angiography showed thrombotic occlusion of the left anterior descending artery. The patient presented progressive worsening and died, despite the therapeutic strategies.

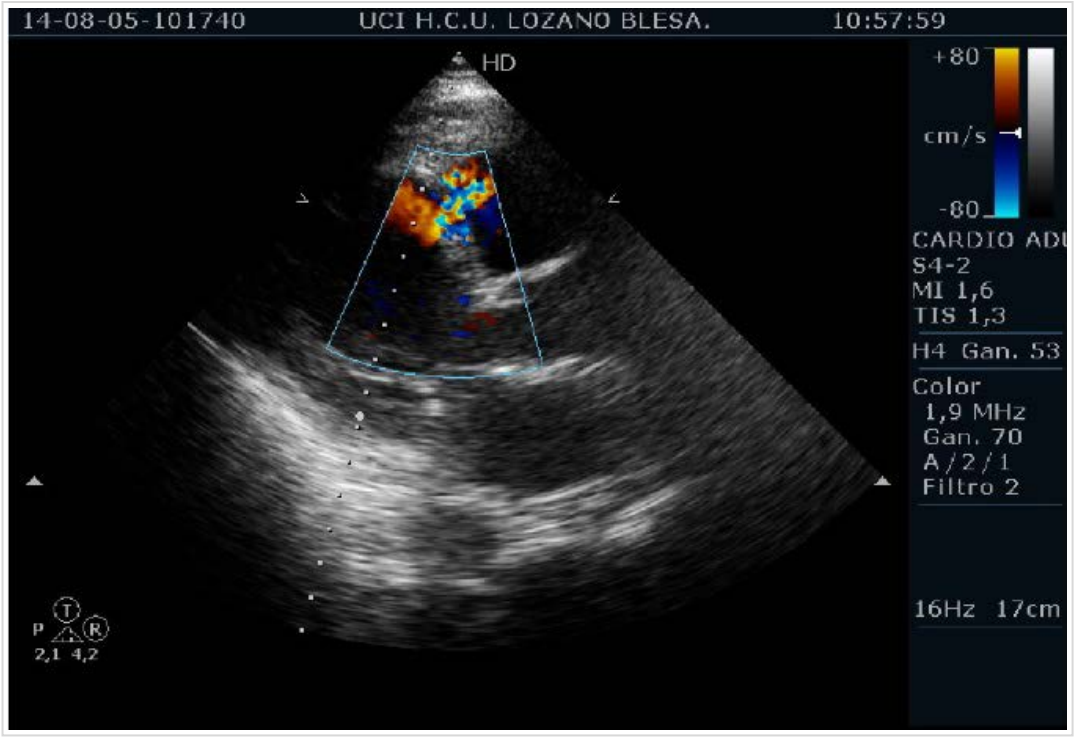

Figure 2.