

JOINT EVENT

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Apical LV aneurysms in childrenAndiswa Nzimela¹, Ebrahim Hoosen, Himel Dama, Noel Julian Buckels, Manogran Moopanar and Darshan Reddy¹University of KwaZulu Natal, South Africa

Congenital apical left ventricular (LV) aneurysms are rare in children and should be differentiated from congenital left ventricular diverticular. We present three cases of apical LV aneurysms in children. Case 1 is a five day old male infant, HIV exposed on nevirapine, who was referred for a soft systolic murmur. No cardiac failure was present and mild cardiomegaly was noted on chest X-ray. ECG demonstrated right axis with RVH. Echocardiogram showed a large apical left ventricular aneurysm measuring 16 mm by 19 mm with good ventricular function. This was confirmed on CT angiogram and the child underwent successful resection of the aneurysm. Histology demonstrated mural fibrosis and granulation tissue with no vasculitis. Case 2 is a two year old male, presented with one week history of coughing, shortness of breath and tachycardia. Clinical cardiac failure was present with cardiomegaly on CXR. Echocardiography demonstrated pericardial effusion with a LV apical aneurysm measuring 40 mm x 43 mm with good ventricular function. A CT angiogram further defined the aneurysm. HIV was positive with a high viral load and low CD4 count. TB work up was negative. He was started on antifailure medication and his clinical condition optimized. He was operated successfully two months after commencing antiretroviral therapy. Histology demonstrated transmural fibrosis. Case 3 was a nine year old male who was presented with palpitations, cough and dyspnoea. Cardiac failure and cardiomegaly were present. A large apical aneurysm with a pericardial effusion was again noted echocardiographically and further defined by CT angiography. Coronary angiogram was normal. He also tested HIV positive with a high viral load and low CD4 count. His tuberculosis (TB) work-up was negative. The child's treatment started on antifailure medication and commenced on antiretroviral treatment. However, he was demised before he could be operated on. Patients with apical LV aneurysm may be asymptomatic or present with arrhythmias, heart failure, peripheral embolism, endocarditis, cardiac rupture or sudden death. We postulate a possible association with HIV infection or exposure. Surgical resection is the treatment of choice to prevent complications.

Biography

Andiswa Nzimela has an MBChB from Medical University of Southern Africa (1999), FCPed from the University of KwaZulu Natal (2006) and Certificate in Paediatric Cardiology CMSA (2009). She works as a Paediatric Cardiologist and Senior Consultant in the Department of Pediatric Cardiology, Inkosi Albert Luthuli Central Hospital in Durban since 2007. She looks after children with congenital and acquired heart defects, pericardial disease, cardiomyopathy and pulmonary hypertension. She is an Honorary Lecturer at the University of KwaZulu Natal.

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