

## Case Reports

# PSEUDOANEURYSM OF RIGHT VENTRICLE DUE TO LOCALIZED TUBERCULOSIS OF MYOCARDIUM: A CASE REPORT

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### ABSTRACT

A 5-year-old girl was admitted to the hospital with chest pain, fever and dyspnea. Physical examination showed normal heart sounds, diminished pulmonary sounds in the left hemithorax and a normal ECG. On chest X-ray the heart was slightly enlarged with moderate left pleural effusion. CT scan revealed pleural effusion and a hypodense mass at the apex of the heart. A cystic mass was detected by echocardiography as well. The patient was operated as a case of hydatid cyst of the right ventricle. Intraoperatively a pseudoaneurysm of the right ventricle was found. The mass centrally consisted of clots and necrotic tissue and peripherally was composed of fibrosis and calcification. All of these tissues were removed and the communication between the aneurysm and right ventricle was repaired. The diagnosis of tuberculosis was confirmed by culture and microscopic examination. The patient underwent anti-TB treatment for 6 months and remained symptom-free after 4 years. It is believed that local expansion of tuberculous adenitis near the pericardium has caused a TB abscess, which in turn affected the myocardium and destroyed it.

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### INTRODUCTION

Tuberculous involvement of the myocardium is extremely rare and is diagnosed as local tuberculoma or pancarditis.<sup>1-4</sup> Most cases of myocardial tuberculosis are clinically silent and are diagnosed only at autopsy. Myo-

cardial involvement occurs via hematogenous or lymphatic spread or directly from contiguous structures. It may lead to arrhythmia, including atrial fibrillation and ventricular tachycardia, complete atrio-ventricular block, congestive heart failure, left ventricular aneurysm and sudden death.<sup>5</sup> Pseudoaneurysm of the myocardium has not been reported as a complication of myocardial tuberculosis.

### CASE REPORT

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