A 69-year-old woman was referred to our hospital with dyspnea. The chest X-ray (A) was notable as a mass shadow. A transthoracic echocardiogram revealed a mosaic pattern in the pulmonary artery (PA). Multislice computed tomographic angiography and coronary angiography showed the giant aneurysm in the coronary artery fistula arising from the left main coronary trunk (LMT) and entering in the PA (B, Online Video 1). The aneurysm measured $55 \times 45$ mm with calcification and thrombus formation (C). Cardiac catheterization revealed an oximetry step-up of 9% at the main PA, and a left-to-right shunt of 1.84:1 (Qp:Qs) was found. Aneurysmorrhaphy and closure of the fistula outlet from the PA was performed (D), and the symptom disappeared. In this case, a giant aneurysm was produced in coronary fistulas, which may be associated with a worse prognosis in hemodynamics (1), probably due to a coronary steal phenomenon.

REFERENCE