

1044    **A case of acute myocardial infarction on the day before coronary artery aneurysmectomy and bypass grafting.**

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The patient is a 73-year-old man. He had no history of Kawasaki disease. He visited his previous doctor with a chief complaint of shortness of breath on exertion, and CT scan revealed a coronary artery aneurysm in three vessels. The right coronary artery was a giant coronary aneurysm, and the patient was admitted to the Department of Cardiovascular Surgery of our hospital for surgery.

He complained chest pain on the day before surgery, and ECG showed ST elevation in II, III, aVF and complete atrioventricular block. Emergency coronary angiography showed complete occlusion of RCA#1, so we performed primary PCI with thrombus aspiration, ELCA, and long inflation of balloon. After primary PCI, we performed coronary artery aneurysmectomy, and bypass grafting. Postoperative echocardiography showed no asynergy in left ventricular wall motion.

The coronary artery aneurysm can cause thrombus occlusion or rupture, so it should be treated with caution. We report a case of thrombus occlusion of coronary artery aneurysm on the day before surgery, which was treated by hybrid approach combined catheter and surgical therapy.