

Huge Ascending Aortic Pseudoaneurysm Caused By a Penetrating Atherosclerotic Ulcer

Sak Lee, MD; Sang-Ho Cho, MD

A 47-year-old man was transferred to the emergency department for a huge ascending aortic pseudoaneurysm diagnosed at another hospital. The patient presented with chest discomfort for several weeks, which aggravated recently. He had a history of arterial hypertension and severe aortic regurgitation that were treated with aortic valve replacement with a mechanical valve 5 years ago in the other hospital. He had also been taking captopril (angiotensin-converting enzyme inhibitor), furosemide (diuretics), and warfarin sodium. On physical examination, a mechanical valve click was heard without a murmur, and his heart rate was 77 bpm, with blood pressure of 105/70 mm Hg. Laboratory data revealed anemia (hemoglobin, 9.2 g/dL), prolonged prothrombin time (International Normalization Ratio

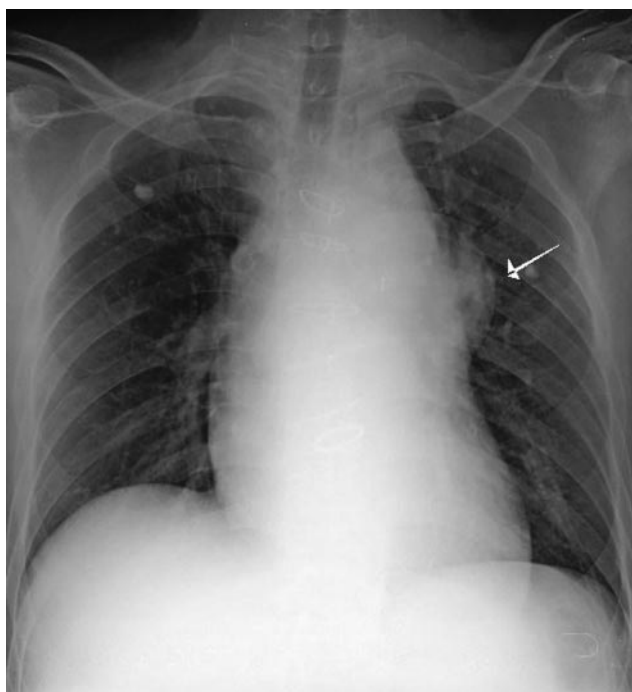


Figure 1. Initial chest x-ray showed mediastinal enlargement with hilar shadow (arrow).

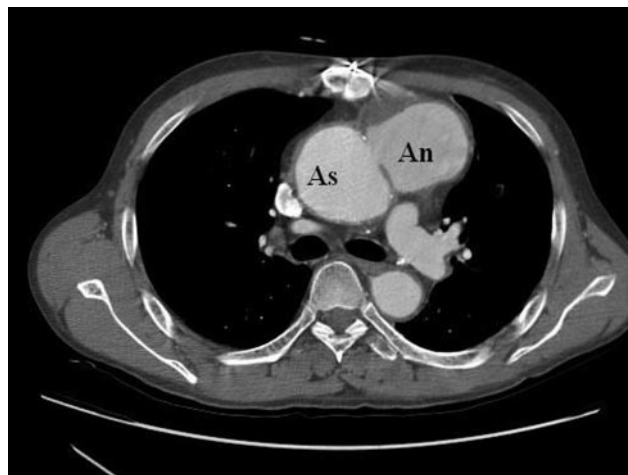


Figure 2. Chest computed tomography with contrast showed a huge (106 mm) ascending aortic aneurysm. As indicates ascending aorta; An, aneurysm.

[INR], 5.16), and activated partial thromboplastin time (63.8 seconds). Initial chest x-ray showed mediastinal enlargement and a large left hilar shadow (Figure 1, arrow). Computed tomography of the chest and abdomen with iodinated contrast showed a huge (106 mm) ascending aortic aneurysm suspicious of impending rupture (Figures 2 and 3). Urgent aneurysmectomy, graft replacement of ascending aorta, and hemi-arch were performed. Operative findings showed a 6-cm pseudoaneurysm arising from the anterolateral side of the ascending aorta, with a 1-cm opening that was filled with organized thrombi (Figure 4). Pathological findings suggested that the cause of the pseudoaneurysm was a penetrating atherosclerotic ulcer of the ascending aorta. The patient's postoperative course was uneventful, and he was discharged from the hospital on postoperative day 7.

Disclosures

None.

Received May 27, 2008; accepted July 11, 2008.

From the Department of Thoracic and Cardiovascular Surgery, Yonsei Cardiovascular Center, Yonsei University College of Medicine, Seoul, Korea. Correspondence to Sak Lee, MD, 134 Shinchon-dong, Seodaemoon-gu, Seoul, Korea, Division of Thoracic and Cardiovascular Surgery, Cardiovascular Center, Yonsei University College of Medicine, Seoul, Korea. E-mail sak911@yuhs.ac

(*Circ Cardiovasc Imaging*. 2008;1:e19-e20.)

© 2008 American Heart Association, Inc.

Circ Cardiovasc Imaging is available at <http://circimaging.ahajournals.org>

DOI: 10.1161/CIRCIMAGING.108.788133

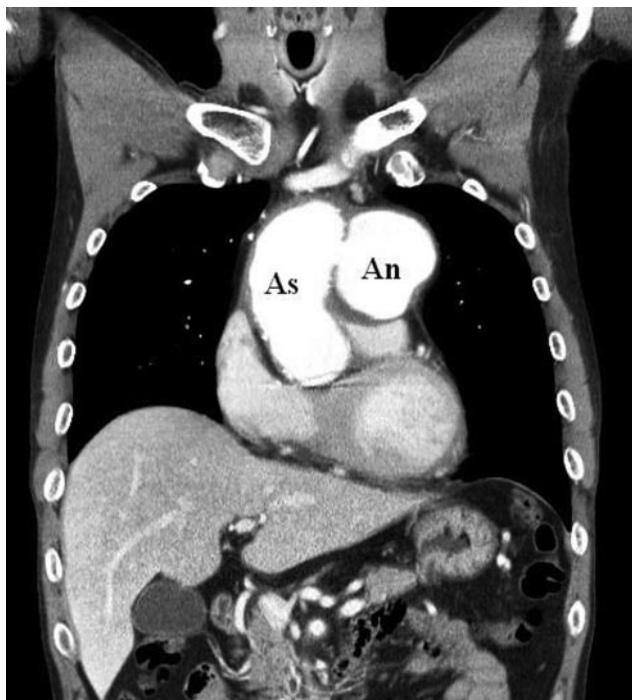


Figure 3. Chest computed tomography with contrast showed a huge (106 mm) ascending aortic aneurysm. As indicates ascending aorta; An, aneurysm.

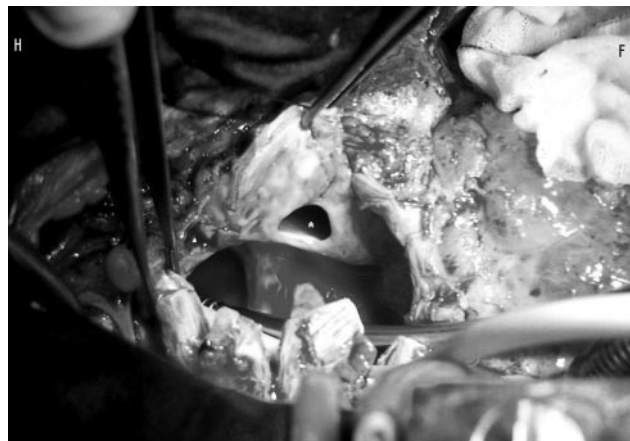


Figure 4. Operative findings showed a 6-cm pseudoaneurysm arising from the anterolateral side of the ascending aorta, with a 1-cm opening (asterisk) that was filled with organized thrombi. H indicates head; F, feet.