A 56-year-old man who underwent venous coronary artery bypass surgery in 1987, presented with a 4 months history of progressive dyspnoea and grade IV angina. Coronary angiography revealed a complete occlusion of both venous grafts and progressive coronary artery disease. On chest X-ray there was a well-defined shadow in the region of the left atrium. CT scan showed a swelling to the left of the aortic root (Fig. 1) with intravenous contrast enhancement suggesting an aneurysm. At surgery a well-circumscribed swelling was visible anterior to the pulmonary trunk at distance from the aorta (Fig. 2), originating from the previous venous graft to the LAD. On opening it was completely filled with thrombotic debris. This swelling was excised and ligated distally. Revascularisation was performed using the LIMA to the diagonal and LAD and a venous jump graft on MO1 and MO2 and a single venous graft on the RDP. There were no postoperative complications. Histopathology confirmed a true aneurysm of the venous graft.