We operated a 49-year-old man 4 years after orthotopic heart-transplantation with a false aneurysm due to a 2 cm dehiscence between the anastomosis of the recipient and donor ascending aorta (Fig. 1). Prior to transplantation, the patient was bridged with a Novacor-LVAD due to ischemic cardiomyopathy. There were no signs of infection during LVAD-explant. The partly thrombosed aneurysm was treated by interposition of a 22-mm-dacron tube-graft with reinsertion of the brachiocephalic truncus using a 10-mm-dacron-prosthesis under CBP and hypothermic circulatory arrest. We find no aspects for a mycotic aneurysm. The reason was probably a slowly acquiring post-transplant arterial hypertension. At postoperative day (POD) 20, the patient was discharged after uneventful postoperative course. Postoperative CT-scans showed regular anastomosis (Fig. 2).