A suprasternal false aneurysm caused by posttraumatic innominate artery rupture after dissection type A repair

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The patient underwent cardiopulmonary bypass, femoral vein and axillary artery cannulation, and cooling to 18°C. Circulation was arrested and unilateral cerebral perfusion via the right carotid artery under transcranial Doppler monitoring was performed. The aneurysm (Fig. 1) was entered, and the suture tear between the innominate artery and graft (Fig. 2) was patch closed.

Fig. 1. A 61-year-old patient presented with a 14-day-old upper sternum trauma and a suprasternal aneurysm. The ascending aorta and arch had been replaced 1 year ago as a result of acute aortic type A dissection repair.

Fig. 2. (A) A transverse CT scan showing a pseudoaneurysmal formation arising from the ascending aorta and subcutaneously passing through the broken sternum. (B) A lateral CT scan showing the neck of the pseudoaneurysm below the origin of the innominate artery.