Images in cardio-thoracic surgery

Absolute contraindications to percutaneous tracheostomy due to anomaly of aortic arch branches origin and running

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A 77-year-old patient required percutaneous tracheostomy. A first clinical evaluation showed a pulsating mass in the suprasternal region. Computed tomography (CT) revealed the presence of anomaly of the aortic arch branches (Fig. 1). We did not perform any type of tracheostomy due to either the high risk or arterial decubitus.

Fig. 1. Ectasia of right brachiocephalic artery at origin (diam. max cm 2.9). This arterial trunk is stretched and in a medial position. Right common carotid artery (RCA) and subclavian artery (SA) rise in higher and medial position. Kinking of the distal third of the RCA. Anomalous left common carotid artery (LCA) origin from the left side of the base of the brachio-cephalic trunk.