Intraluminal mass of the ascending aorta

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A 53-year-old truck-driver, symptomatic for headache, was diagnosed [computed tomography (CT) and cardiac magnetic resonance imaging (cMRI)] with a 4 cm intraluminal aortic mass arising 3.5 cm above the sinu-tubular junction (Fig. 1A and B and Supplementary Video 1). After epiaortic ultrasound scanning (Fig. 2A and Supplementary Video 1), the ascending aorta was resected on femoral bypass, following a brief circulatory arrest before clamping. Pathology showed a thrombus on an ulcerated plaque (Fig. 2B).

Supplementary material (Video 1) is available at EJCTS online.

**Figure 1:** (A) A saggital view of the CT aortogram showing the mass arising from the ascending aorta (arrow). (B) The same finding on a balanced turbo field echo image on cMRI.

**Figure 2:** (A) A longitudinal view of the epiaortic intraoperative ultrasound showing the mass floating in the ascending aorta. (B) The specimen: the thrombus attached to the aortic wall.