A 29-year old female with a history of isolated patent ductus arteriosus (PDA) ligation 14 years back, complained of increasing shortness of breath on exertion and hoarseness for 6 years. Chest radiography revealed a widened mediastinum (Fig. 1A). Computed tomography (CT) angiography showed a ductal pseudoaneurysm and pulmonary arterial dilatation (Fig. 1B and C). Although surgical intervention was recommended, the family refused further treatment.

Figure 1: (A) Chest X-ray film showing a widened mediastinum and an enlarged aortic knob. (B) Oblique CT image showed the presence of a postoperative ductal pseudoaneurysm, suggesting that previous isolated ligation is a poor surgical technique for PDA. (C) Volume-rendering CT image showing a pseudoaneurysm and an enlarged pulmonary trunk.