References


eComment: Saphenous graft aneurysms

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doi:10.1510/icvts.2008.201533A
I read with great interest the recent report by Dr. Abbasi and coworkers regarding a large saphenous graft aneurysm as early as one year after coronary artery bypass grafting (CABG) surgery [1]. Interestingly, the aforementioned case of a saphenous graft aneurysm occurred rather early. Six years ago we encountered a 79-year-old patient who presented with dyspnea 12 years after previous CABG with a retroaortic mass identified by computer tomography [2]. Besides an aorta ascendens aneurysm (5 cm), a 4-cm pseudoaneurysm of a retroaortic venous saphenous graft was identified, which led to the first postero-lateral branch. Surgical exclusion, CABG and aorta ascendens replacement were performed. The patient recovered early and remained asymptomatic over 13 months of follow-up. As far as imaging studies are concerned CT-angiography with or without three-dimensional reconstruction appears as a useful diagnostic measure in defining saphenous graft aneurysms [3, 4].

Notably, even internal mammary artery graft aneurysms may become evident as reported [5]. A 59-year-old male patient presented with a pulsating mass at the left sternal edge weeks after a CABG procedure. CT showed a false aneurysm of the left internal mammary artery (LIMA), confirmed by angiography. The leakage was treated using a 16-by-3.5-mm Jostent leading to complete lesion thrombosis.

References


