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IMAGES IN CARDIOLOGY

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Pseudoaneurysm of aortocoronary graft secondary to spontaneous late rupture

A 79-year-old man with a prior history of three-vessel coronary artery bypass graft surgery performed 14 years ago was admitted for chest pain radiating into the back. Chest x-ray and spiral computed tomographic scan (panels A and B) were performed and showed a 6.7 × 5.1 × 5.3 cm mass in the left hilum, likely representing a pseudoaneurysm with an active leak from an adjacent bypass graft. Emergency coronary angiography found a pulsatile extravasation of contrast product superimposed on the soft tissue mass of the pseudoaneurysm in the never instrumented mid portion of the vein graft to the left anterior descending coronary artery (panel C). The localised spontaneous rupture of the graft was successfully treated by implanting a covered JoStent (panel D). The stenotic distal anastomosis was also successfully treated with a Cypher drug eluting stent. The patient was discharged without any other issue.

E Flecher
S Wilson
C M G Duran
erwan.flecher@wanadoo.fr