Traumatic aortic arch aneurysm in a left-handed deer hunter

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Published online: 10 February 2012
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A 62-year-old man had pain in the neck and upper thorax. He had lost his voice due to left recurrent nerve pressure paralysis. Computed tomography (CT) scan revealed a large saccular distal aortic arch aneurysm. This is typical for trauma. Deceleration forces, as in car accidents, can tear the aortic wall at the point where the ligamentum arteriosum fixates the aorta [1]. This left-handed patient had suffered repetitive deceleration forces to the left upper thorax due to the kick of a rifle, using a large bullet size. Furthermore he

used a right-handed rifle with poor fit on the left thorax, which easily displaces during recoil, causing a less well absorbed kick. Family history was positive for abdominal aneurysm, but his aorta and coronary arteries showed no significant atherosclerosis. Recently myelofibrosis was diagnosed.

Operation using a frozen elephant trunk followed, unfortunately complicated by perioperative cerebrovascular accident and death one month later. This publication illustrates the possible risks of left-handed shooting (Figs. 1 and 2).

Fig. 1 Arrow points to saccular distal aortic arch aneurysm

Fig. 2 Arrow points to saccular distal aortic arch aneurysm

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