Delayed pseudoaneurysm of the internal mammary artery: conservative management

J. Albors · A. J. Estigarribia · R. Llorens

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A 58-year-old woman with a previous history of a stenotic bicuspid aortic valve and moderate dilatation of the ascending aorta underwent successful aortic mechanical valve and ascending aorta replacement. She had an uneventful postoperative course and was discharged on the sixth day. Forty days later she noticed a left parasternal painful swelling that remained stable in size over the next 72 h (Fig. 1). She visited the outpatient clinic where injury to a branch of the left internal mammary artery during sternotomy closure was suspected. No drop of the haematocrit was observed.

An ultrasound was performed showing a 25 mm false aneurysm of the left internal mammary artery with low flow inside.

Conservative management was adopted and seven days later a new Doppler ultrasound demonstrated size reduction and no flow inside the pseudoaneurysm. A contrast-enhanced multislice computed tomography scan confirmed completed thrombosis of the pseudoaneurysm in contact with the sternal wire (Fig. 2).

Poststernotomy pseudoaneurysms of the internal mammary are rare and often present with rupture associated with haemothorax and haemodynamic instability [1, 2]. In those cases surgical repair or endovascular embolisation is the treatment of choice. We propose conservative management as an alternative option in non-bleeding and stable in size pseudoaneurysms.

Fig. 1 A left parasternal painful swelling of 20 x 30 mm (front and lateral view)

Fig. 2 Contrast-enhanced multislice computed tomography scan demonstrated complete thrombosis of the pseudoaneurysm of the left internal mammary artery

J. Albors (✉) · A. J. Estigarribia · R. Llorens
Department of Cardiac Surgery,
Hospiten Rambla. 115 Rambla Santa Cruz,
38001 Santa Cruz de Tenerife, Spain
e-mail: josealbors@hotmail.com

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