Pseudoaneurysm of aortocoronary graft secondary to spontaneous late rupture

E Flecher, S Wilson and C M G Duran

*Heart* 2006;92;1495-
doi:10.1136/hrt.2005.084012

Updated information and services can be found at:
http://heart.bmjournals.com/cgi/content/full/92/10/1495

**Rapid responses**

You can respond to this article at:
http://heart.bmjournals.com/cgi/eletter-submit/92/10/1495

**Email alerting service**

Receive free email alerts when new articles cite this article - sign up in the box at the top right corner of the article

**Topic collections**

Articles on similar topics can be found in the following collections

Other Cardiovascular Medicine (2024 articles)

**Notes**
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 x 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 treated by implanting a covered JoStent (panel D). The patient was discharged successfully treated with a Cypher drug eluting stent.