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VASCULAR IMAGES

Surgical treatment of giant extracranial internal carotid artery aneurysm

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Extracranial internal carotid artery aneurysms are rare manifestations^{1,2} but have the potential for a fatal complication as result of embolization, rupture, and local compression.

We describe a 62-year-old obese woman with a history of hypertension, hyperlipidemia, and moderate mitral and aortic valve regurgitation. She had sustained a stroke 4 years earlier that had completely resolved. She presented in our hospital with a pulsating cervical mass.

A 64-slice computed angiography of the carotid artery and circle of Willis was performed (Cover, A). The diagnosis of giant aneurysm of the extracranial left internal carotid artery was confirmed, with dimensions of 6 × 6 cm, bulging toward the outside. Kinking with significant stenosis of the right internal carotid artery was also discovered.

The patient was placed under general anesthesia, and immediate surgery was performed on the left side, with aneurysm dissection from the surrounding structures and complete aneurysm resection. This was followed by autologous saphenous vein graft interposition between the distal extracranial part of left internal carotid artery and the left common carotid artery (Video, online only).

After the uneventful operation, the patient was extubated 3 hours later, with no neurologic complications. Postoperative 64-slice computed angiography (B and C) showed excellent repair. The patient was discharged home the next day, and her 6-month follow-up examination was normal.

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Submitted Feb 4, 2010; accepted Jun 21, 2010.

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Competition of interest: none. (e-mail: hristov@cardiosurgery.com.mk).

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J Vasc Surg 2011;54:533

0741-5214/\$36.00

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doi:10.1016/j.jvs.2010.06.164

