Heart, Lung and Circulation (2024) **33**, e1–e2
1443-9506/23/$36.00
https://doi.org/10.1016/j.hlc.2023.11.014

IMAGE

Giant Aneurysm of Aortic Arch: When Coughing Can Save A Life

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Received 23 November 2023; accepted 27 November 2023; online published-ahead-of-print 29 December 2023

A 68-year-old female attended the emergency room (ER) for cough, pharyngodynia, and hoarseness. The patient had been treated for 15 days with empirical antibiotic and cortisone therapy, without any positive outcome. The patient reported previous surgery for right renal ptosis about 10 years previously, and thoracic trauma related to a road accident about 5 years ago, without any known sequelae.

Upon arrival in ER, the patient underwent blood tests, SARS-CoV-2 swab (result negative), blood gas analysis, and chest x-ray. The thoracic x-ray (Figure A) showed a voluminous round lesion, of ambiguous nature, occupying the upper and middle left pulmonary field. It was decided to perform a chest computed tomography (CT) scan with contrast medium and subsequent 3D reconstruction (Figure B, C, D), which showed a voluminous round aneurysm starting from the aortic arch, adjacent to the origin of the left subclavian artery. The patient was transferred to the cardiac surgery unit for intervention.

The patient underwent an aortic aneurysmectomy and subsequent reconstruction of the thoracic descending aorta. At the end of the procedure, she was transferred to the intensive care unit in excellent haemodynamic condition. The patient was transferred to the cardiac surgery ward on the second postoperative day, and discharged in good overall condition on the seventh postoperative day.

It was suspected that the large aortic arch aneurysm originated from the thoracic trauma that had occurred to the patient about 5 years before this presentation, as genetic investigations performed were negative for connective tissue disorders.

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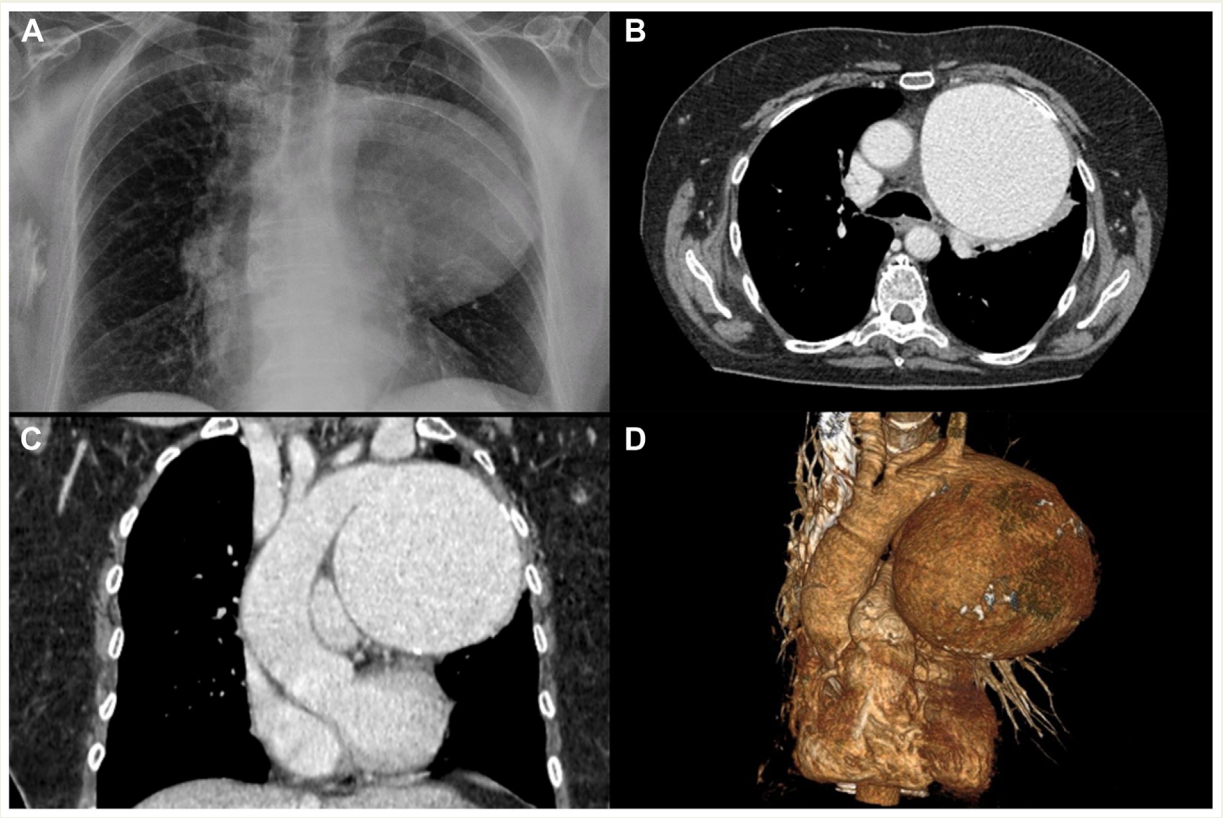

Figure Imaging. (A) Chest X-ray on presentation. (B) Axial chest computed tomography (CT) scan with contract medium. (C) Coronal chest CT scan with contract medium. (D) Chect CT scan three-dimensional (3D) reconstruction.