Giant ascending aorta aneurysm in an 82-year-old woman

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An ascending aortic graft replacement was performed from the sino-tubular junction to the aortic arch (in an oblique fashion adjusted to the large arch). The patient lived in a good physical condition but died 2 years later from a cerebrovascular accident (overdose of anticoagulant therapy for atrial fibrillation) (Figs. 1 and 2).

Fig. 1. Chest X-ray showing a widened mediastinum with right tracheal deviation. Patient presented with an increasing dyspnea and a recent superior vena cava syndrome.
Fig. 2. (a and b) On CT-scan the aneurysm measured 11 cm in diameter (a) and 14.5 cm in length (b), the anterior aspect of the aneurysm being compressed by the anterior chest wall. Sternotomy was performed under femoro-femoral ECC. (c) Operative view (arrow: innominate artery). Replacement of the aorta was performed with a 34 mm Dacron using hypothermia at 24 °C and a cerebral selective perfusion through the innominate artery. (d) Postoperative CT-scan (same level as in (a)).