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**CARDIOVASCULAR FLASHLIGHT**

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**Vertebral artery pseudoaneurysm complicating transaxillar aortic valve implantation**

**Tobias Koppara**, **Massimiliano Fusaro**, **Albrecht Will**, and **Tareq Ibrahim**

1Klinik für Herz- und Kreislauferkrankungen, Deutsches Herzzentrum München, Technische Universität München, München, Germany; 2Institut für Radiologie, Deutsches Herzzentrum München, Technische Universität München, München, Germany; and 3Medizinische Klinik und Poliklinik, Klinikum rechts der Isar, Technische Universität München, München, Germany

* Corresponding author: Deutsches Herzzentrum München, Lazarettstrasse 36, 80636 München, Germany. Tel: +49 8912181514, Fax: +49 8974562344, Email: koppara@tum.de

An 86-year-old female patient was admitted because of exertional dyspnoea and severe symptomatic aortic stenosis with a mean gradient of 46 mmHg and a valve area of 0.61 cm². The patient had a predicted operative mortality undergoing cardiac surgery as assessed by the logistic Euroscore II (58.9%). In the light of this, transcatheter aortic valve implantation using a 29-mm diameter device (CoreValve™, Medtronic, Inc., CV) was performed with a good function of the graft as assessed by echocardiography. Owing to severe kinking of the abdominal aorta a left subclavian artery approach was preferred. Early after the procedure the patient complained of a globus sensation and dysphagia. An abnormal pulsatile mass was palpable at the left cervical region. Computed tomography of the chest and the cervical region demonstrated a large retropharyngeal and mediastinal haematoma as well as a pseudoaneurysm originating from the proximal left vertebral artery (Panel A, Supplementary material online, Video S1) suggesting iatrogenic vessel perforation. The patient underwent immediate endovascular exclusion by stenting of the ostial region of the left vertebral artery using a covered coronary stent graft (Jostent Graftmaster™ 5.0 × 23 mm, Abbott Vascular) (Panels B and C, Supplementary material online, Video S2 and S3). After the procedure the patient recovered adequately. Follow-up examination by duplex ultrasound after 6 months demonstrated a regular Doppler-flow in the left vertebral artery (Panel D). In certain circumstances, endovascular stenting may be a preferred treatment option for a vertebral artery pseudoaneurysm, particularly in patients with an increased risk for operative repair.

Supplementary material is available at *European Heart Journal* online.

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