A 69-year old man underwent ascending aorta grafting and aortic valve replacement for an acute aortic dissection. Nine months later, he suffered from painful ecchymosis and swelling of the sternal wound (Fig. 1). Computed tomography revealed a huge pseudoaneurysm of the ascending aorta (Fig. 2). Reoperation was successfully performed to repair the anastomotic suture line tears.

Figure 1: Prominent ecchymosis and swelling were noted over the upper half of the sternotomy wound. This area was not pulsatile by palpation, but its size rapidly increased day-by-day. It was quite painful, even without touching.

Figure 2: (A) A computed tomography revealed a huge ascending aortic pseudoaneurysm full of blood clots. Contrast extravasation could be easily identified over proximal anastomosis (arrowhead). (B) Although the sternum was stable without obvious malunion, trans-sternal extension of the pressurized blood clots in the pseudoaneurysm resulted in a rapidly expanding subcutaneous haematoma (arrow).