A 62-year old man, with aortocoronary bypass 25 years before, re-presented with increasing chest pain. A computed tomography (CT) documented a ruptured giant true aneurysm of the vein graft to the left anterior descending (LAD), which was distally blocked (Fig. 1). Peripheral cannulation and redo sternotomy under deep hypothermic circulatory arrest were used to resect the aneurysm (Fig. 2), with no need for further revascularization.