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Post-traumatic false aneurysm of the thoracic aortic isthmus: Rare location not to be overlooked!

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Description

40-year-old patient with no particular history, victim of a free fall from a significant height, with a point of impact on the cranium, thorax, abdomen, right upper limb and pelvis. Thoracic abdominopelvic CT scan (TAP) revealed a grade III post-traumatic false aneurysm with saccular addiction image and regular contours of the aortic isthmus (Figure 1), a pelvic fracture and thrombosis of the right brachial artery due to arterial spasm.

Discussion

Post-traumatic false aneurysm of the thoracic aortic isthmus is rare, it represents 2% of traumatic aortic ruptures [1] and is accompanied by an increased risk of rupture requiring emergency surgery [2]. The isthmus is the most common site of traumatic injuries and accounts for nearly 90% of cases following thoracic trauma [3]. Its relatively immobile position in the thorax explains the percentage of injuries at this level. Angioscanner is the examination of choice with a sensitivity of 98% and a specificity of 100% [4]. It allows us to dare the diagnosis, the evaluation and the staging of the lesions. Grade 3 lesions correspond to a rupture of the three tunics. The interest of our clinical case is to recall the importance of including the false aneurysm of the thoracic isthmus in the attitudes of conducting emergency research in the face of severe trauma patients.



Figure 1: False aneurysm of the thoracic aortic isthmus.

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