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Commentary: A unique presentation of embolic phenomena from an ascending aortic pseudoaneurysm

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CENTRAL MESSAGE

AAPs are rare but can cause devastating consequences. Patients with embolic phenomena should routinely have cardiac and aortic imaging to evaluate for anatomic causes such as AAPs.

Ascending aortic pseudoaneurysms (AAPs) are rare, with an incidence reported of only 0.5%. A recent review of literature by Quevedo and colleagues¹ identified 355 cases of AAP, 76% that were associated with a history of cardiac or aortic surgery, 5% were attributed to blunt chest trauma, 4.4% were attributed to inflammatory or autoimmune conditions, and 10.6% had no identifiable cause. The same study found that almost 73.8% were treated with open repair, 21.2% underwent endovascular repair, and the remainder were treated conservatively.¹

AAPs are associated with myriad symptoms, including dyspnea and chest pain, and can progress to rupture or be a persistent source of infection or embolism. Often, they are asymptomatic and found incidentally on surveillance imaging after cardiac or aortic surgery.

De Martino and colleagues² demonstrate an interesting presentation of AAPs as recurrent brain and retinal embolisms. It also highlights the need for evaluation with

imaging of cardiac and aortic anatomic abnormalities as possible source of embolic disease.

References

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Disclosures: Authors have nothing to disclose with regard to commercial support. Received for publication Sept 20, 2019; accepted for publication Oct 5, 2019; available ahead of print Nov 11, 2019.

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JTCVS Techniques 2020;1:17
2666-2507

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<https://doi.org/10.1016/j.xjtc.2019.11.001>