Thoracic Aortic Pseudoaneurysm which Ruptured into the Left Lung

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Picture

A 68-year-old man presented with a 1-month history of intermittent blood-streaked sputum. One day before admission, he expectorated about 200 mL of fresh blood. There was no history of trauma or chronic infection. Physical examination was unremarkable except for moist rales in the

left lower lung. His blood leukocyte level was elevated at $11.3 \times 10^9/L$, and his serum C-reactive protein was 5.3 mg/L. CT angiography (CTA) showed a thoracic aortic pseudoaneurysm and adjacent intrapulmonary consolidation (Picture A, B). Emergent DSA revealed the saccular aneurysm

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with a thorn-shaped angle; an endovascular stent graft was implanted successfully (Picture C, D). The patient's condition was significantly improved and hemoptysis disappeared on the fifth postoperative day. Hemoptysis, originating from the erosion of thoracic aortic pseudoaneurysm into lung parenchyma, is seldom encountered. CTA should be considered as the first-line diagnostic technique for aortic lesions (1). Currently, thoracic endovascular aneurysm repair has become a primary treatment modality with favorable early outcomes compared with surgical repair (2).

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