

ARCHIVOS DE **Bronconeumología**



www.archbronconeumol.org

Clinical Image

Thrombosed Aneurysm of Left Internal Mammary Artery

Aneurisma trombosada de la arteria mamaria interna izquierda

Veysel Ayyildiz^a, Yener Aydin^{b,c}, Hayri Ogul^{c,d,*}

- ^a Department of Radiology, Medical Faculty, Suleyman Demirel University, Isparta Turkey
- ^b Department of Thoracic Surgery, Medical Faculty, Ataturk University, Erzurum, Turkey
- ^c Anesthesiology, Clinical Research Office, Ataturk University, Erzurum, Turkey
- ^d Department of Radiology, Medical Faculty, Ataturk University, Erzurum, Turkey



A 87-year-old man presented for evaluation of dyspnea and chest pain. There was no history of using any medication, previous surgery, and trauma. Laboratory tests performed for vasculitis and connective tissue disease are within normal limits. A mass was found in thoracic CT adjacent to the thoracic wall corresponding to a thrombosed left internal mammary artery aneurysm (Figure 1).

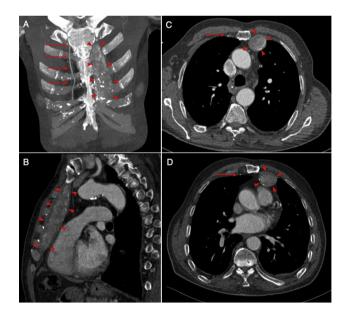


Figure 1. Coronal maximum intensity projection (A), sagittal (B), and consecutive axial (C and D) CT scans in mediastinal window show a thrombosed giant left internal mammary artery aneurysm aneurysm (arrow heads). The right internal mammary artery seen as normal (arrows).

He had not any type of abnormality such as aberrant right subclavian artery. Surgical treatment was not performed due to the age of the patient.

Internal mammary artery aneurysm is a rare but life-threatening condition. It is generally intragenic or traumatic, but can also be related to vasculitis or connective disease such as Marfan and Ehlers-Danlos. These aneurisms are very rarely idiopathic. Surgical and endovascular methods are generally used in treatment.^{1,2} Giant internal mammary artery aneurisms can present as a mass dependent from the chest wall.

Conflict of interest statement

The authors declare that the article content was composed in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

- Chen JF, Papanikolaou D, Fereydooni A, et al. Coil embolization of bilateral internal mammary artery aneurysms in the setting of a heterozygous missense variant of unknown significance in COL5A1 and fibromuscular dysplasia. J Vasc Surg Cases Innov Tech. 2019;5:410–4.
- 2. Miyazaki M, Nagamine H, Hara H, et al. Successful treatment of a right internal mammary artery aneurysm with thoracoscopic surgery. J Vasc Surg Cases Innov Tech. 2019;5:269–72.

^{*} Corresponding author.

E-mail address: drhogul@gmail.com (H. Ogul).