A 34-year-old male patient was admitted with a painful pulsatile mass in the right carotid triangle. He had a penetrating trauma in the left neck region below the left clavicle a week before. Clinical examination showed a diffuse pulsatile swelling (approximately 4x15 cm) in the anterior and lateral aspects of his neck on the right side. The swelling continued throughout the right clavicle. Magnetic resonance (MR) angiography was performed for diagnostic evaluation. It showed a large, traumatic, saccular false aneurysm of the right common carotid artery after truncal bifurcation (Fig. A). There was no neurological deficit. Because the swelling extended from the clavicle to the jugulum and sternum, a sternotomy was performed followed by the standard approach to the right carotid arteries. Intraoperative findings confirmed the presence of the saccular carotid artery pseudoaneurysm, located in the origin of the common carotid artery (Fig. B). After controlling the proximal and distal right common carotid artery, the aneurysmal sac was opened and was found to be half filled with thrombus. The aneurysm communicated with the arterial lumen through a round opening in the anterolateral wall of the carotid artery, 2 cm in diameter, and the carotid artery lumen was irregular due to trauma. A 3-cm arterial tissue was excised from the right common carotid artery after resection. Graft interposition with a 6-mm PTFE graft was performed between the right common carotid artery and right brachiocephalic artery (Fig. C). The patient made an eventful recovery and was discharged on the seventh postoperative day. Control MR angiography showed luminal patency of the right common carotid artery (Fig. D).

Figures. (A) The pseudoaneurysm in the right common carotid artery. (A) Intraoperative appearance of the pseudoaneurysm. (C) Graft interposition between the right common carotid artery and right brachiocephalic artery. (D) Magnetic resonance angiography showing luminal patency of the right common carotid artery.