

Asymptomatic giant internal carotid artery aneurysm

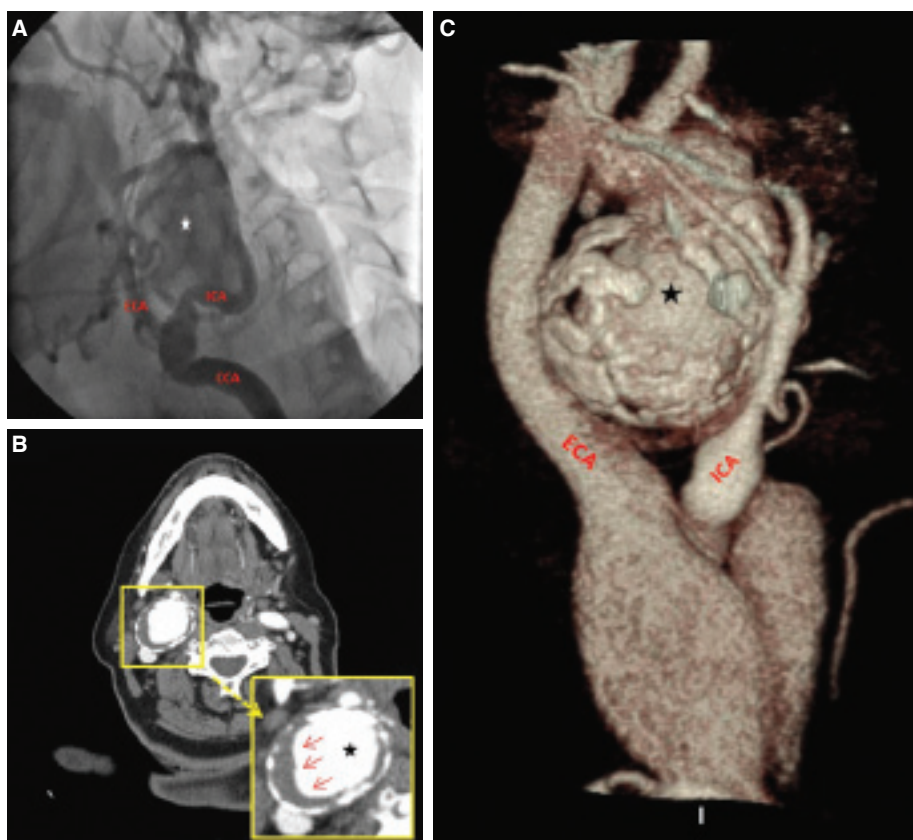
Semptomsuz dev internal karotis arter anevrizması

Ruken Bengi Bakal
Süleyman Karakoyun#
Yeliz Güler
Nihal Özdemir

Department of Cardiology,
Kartal Koşuyolu Training and
Research Heart Hospital,
İstanbul;

#Department of Cardiology,
Doğubeyazıt State Hospital,
Ağrı

A 68-year-old woman presented with a pulsatile mass on the right side of her neck. She had no history of neck trauma, surgery, infectious disease, or any intervention, and did not suffer any syncope, transient ischemic attack or stroke. Multidetector computed tomography (MDCT) angiography and subsequent conventional angiography were utilized to establish the diagnosis. The angiogram showed an aneurysm in the proximal portion of the right internal carotid artery (ICA) (Figure A and supplementary Video A*). MDCT scan revealed an aneurysm of the ICA measuring 65 mm in neck length and 45x32 mm in size, complicated by mural thrombus (Figure B, C). The patient did not accept surgical or percutaneous intervention. Extracranial internal carotid artery (EICA) aneurysms are uncommon, estimated at 0.1%-2% of total carotid operations. The major causes include atherosclerosis, dysplasia, infection, trauma, or iatrogenic disorder. Small aneurysms are usually asymptomatic and recognized as a pulsatile mass of the neck, while larger aneurysms cause pain, swelling, or difficulty in neck movements. EICA aneurysms may be complicated by rupture or thrombosis followed by cerebral ischemic events.



Figures– (A-C) Multidetector computed tomography revealed an aneurysm of ICA measured 65 mm in neck length and 45x32 mm in size complicated by mural thrombus (see arrows). ICA: Internal carotid artery; ECA: External carotid artery. *Supplementary video file associated with this presentation can be found in the online version of the journal.

