

GIANT CAROTID PSEUDOANEURYSM

LEONARD LEONG LITT YEO, MBBS¹, JULIAN WONG, MBChB², PRAKASH PALIWAL, MBBS¹,
 ARUNESH MAJUMDER, MBBS², ELAINE YH CHEE, BMS¹,
 ERIC TING, MBBS³, AND VIJAY K SHARMA, MBBS^{1,4}

¹DIVISION OF NEUROLOGY, DEPARTMENT OF MEDICINE, NATIONAL UNIVERSITY HEALTH SYSTEM, SINGAPORE

²DEPARTMENT OF CARDIAC, THORACIC AND VASCULAR SURGERY, NATIONAL UNIVERSITY HEALTH SYSTEM, SINGAPORE

³DEPARTMENT OF DIAGNOSTIC IMAGING, NATIONAL UNIVERSITY HEALTH SYSTEM, SINGAPORE

⁴YONG LOO LIN SCHOOL OF MEDICINE, NATIONAL UNIVERSITY OF SINGAPORE, SINGAPORE

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A 59-year-old woman presented with a pulsatile lump in the neck after carotid artery stenting for symptomatic focal stenosis (50–69%) of the left carotid bulb (Fig. 1A). Cervical duplex ultrasonography and computed tomography-angiography revealed a large lobulated pseudoaneurysm (measuring 2.6 × 2.4 × 2.1 cm) involving the left common and internal carotid artery (Fig. 1B and C). Swirling motion of blood flow, referred to as the “yin-yang sign”, was observed within the pseudoaneurysm (Supplementary movie 1).¹⁾ During surgical exploration, the tissue surrounding the pseudoaneurysm was noted to be infected involving left internal carotid artery, vagus nerve and the internal jugular vein (Fig. 1D). She unfortunately sus-

tained a left hemispheric stroke post-operatively.

SUPPLEMENTARY MOVIE LEGEND

Movie 1. The cervical duplex video with B-flow imaging revealed swirling motion of blood, referred to as “yin-yang sign”. Carotid intima is seen on the video confirming a pseudoaneurysm rather than a dissection.

REFERENCE

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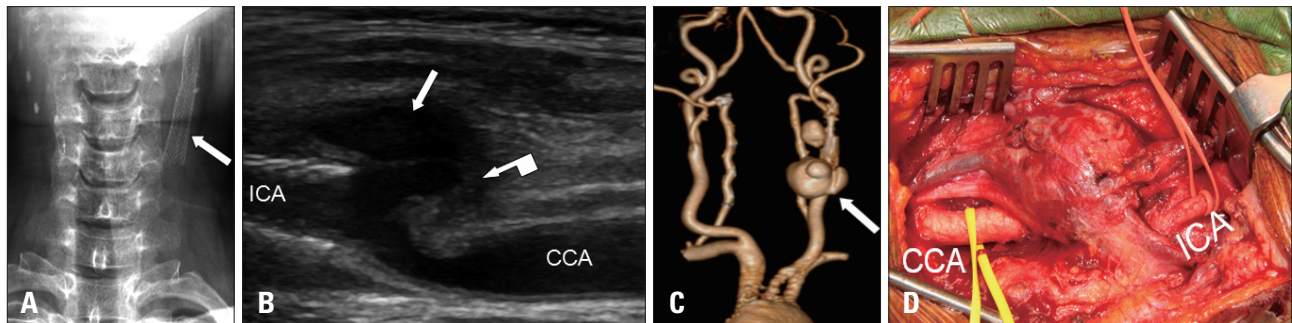


Fig. 1. Neck X-ray showing a long left carotid stent (arrow) (A). Cervical duplex showing the pseudoaneurysm originating from distal common carotid artery (straight arrow, B). Computed tomography angiography of the neck (C). The lobulated pseudoaneurysm (arrow, C) wrapped around the carotid system (D) multiple thrombi on the wall of pseudoaneurysm (bent arrow, B) confirmed during surgery. CCA: common carotid artery, ICA: internal carotid artery.

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 • Address for Correspondence: Leonard Leong Litt Yeo, Division of Neurology, Department of Medicine, National University Health System, 1 E Kent Ridge Road, Singapore 119228 Tel: +65-6772-6532, Fax: +65-6872-4101, E-mail: leonard_ll_yeo@nuhs.edu.sg
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