

Aneurysm of a saphenous vein coronary graft mimicking a cardiac mass

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A 50-year-old male patient, who had a coronary bypass 11 years earlier, was admitted to the authors' hospital with chest pain. Echocardiography showed a tubular mass lesion that had the same echogenicity as the myocardium adjacent to the right atrium. Computed tomography chest angiography was performed. A partially thrombosed fusiform aneurysm was observed in the saphenous vein graft, between the ascending aorta and posterior descending artery. The largest transverse diameter was 22 mm and it covered all segments of the graft (**Figures 1a** and **b**).

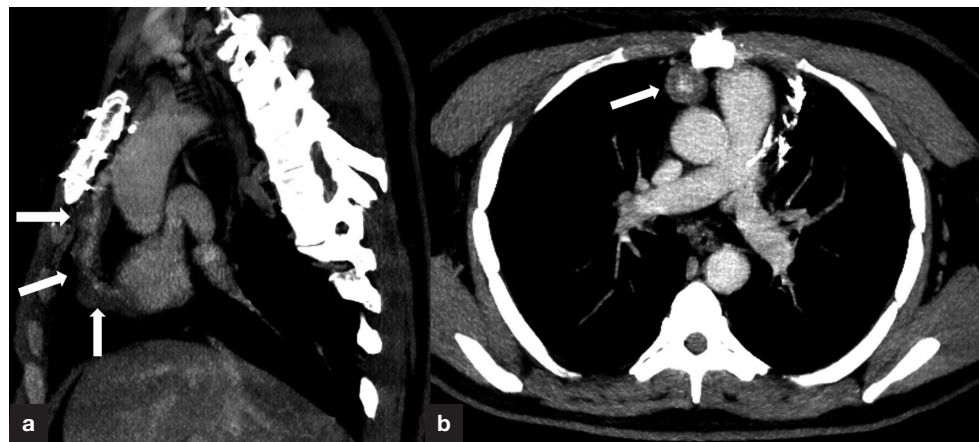


Figure 1. a. Parasagittal and (b) axial computed tomography chest angiogram demonstrating partially thrombosed and tortuous right coronary artery aneurysm of a saphenous vein graft (white arrows).

Aneurysms of saphenous vein grafts are rare but associated with serious morbidity and mortality (Távora et al, 2007; Ramirez et al, 2012). Complications include rupture, fistulation, distal embolism and infarct, and the risk of complications is thought to increase in relation to the size of the aneurysm (Ramirez et al, 2012). Computed tomography chest angiography has an important role in the diagnosis of saphenous vein graft aneurysms and the recognition of complications.

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