A 64-year-old woman with a history of coronary artery bypass graft surgery 2 years earlier presented with a bulging mass on the anterior chest wall 2 weeks after minor chest trauma. She denied having any symptoms, and her examination was remarkable only for a pulsatile mass in the left parasternal area of the anterior chest wall. Her ECG revealed sinus rhythm with nonspecific ST-T changes. Her chest radiograph showed marked cardiomegaly with a wide mediastinum. A transesophageal echocardiogram (TEE) was performed and confirmed the diagnosis of aortic pseudoaneurysm. A short-axis view of the aortic valve (A) is shown in Figure 1. Intraoperative TEE with a rotational scanning acquisition was performed, and a 3-dimensional surface-rendered reconstruction was obtained.

Successive frames of the 3-dimensional echocardiographic reconstruction (Figure 2) show the large para-aortic false aneurysm. The leakage site on the ascending aorta is clearly visible (white arrow). The mass with a different gray scale (black arrows) probably represents progressive aneurysm thrombosis.
False Aortic Aneurysm Secondary to Chest Trauma

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