would be sufficient antithrombotic treatment in this patient, but the development of symptoms consistent with a possible pulmonary infarct led us to anticoagulate the patient with heparin and warfarin.

Stent implantation itself was uncomplicated and it is encouraging that the patient experienced subjective benefit and an improvement in arterial oxygen saturation at rest. This preliminary report suggests that stenting of stenosed aortopulmonary collateral vessels may provide a valuable alternative

to surgical palliation in patients with complex pulmonary atresia.

- 1 Elzenga NJ. Pulmonary atresia. In: Hess J, Sutherland G, eds. *Congenital heart disease in adolescents and adults*. Dordrecht: Kluwer Academic Publishers, 1990:103-15.
- 2 O'Laughlin MP, Perry SB, Lock JE, Mullins CE. Use of endovascular stents in congenital heart disease. *Circulation* 1991;83:1923-39.
- 3 Mullins CE, O'Laughlin MP, Vick GW III, et al. Implantation of balloon expandable intravascular grafts by catheterization in pulmonary arteries and systemic veins. *Circulation* 1988;77:188-99.
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IMAGES IN CARDIOLOGY

An accidental aneurysm: an incidental finding

The magnetic resonance image shows a chronic traumatic thoracic aneurysm in a symptom free 30 year old woman. The aneurysm was almost certainly the consequence of a road traffic accident she had had 12 years before. It was picked up by routine chest radiography and its clear delineation by magnetic resonance imaging made invasive investigations unnecessary. The aneurysm was resected and found to be typical of those arising from a major deceleration injury.

There was an abrupt cut off margin where the aorta had been almost circumferentially transected. This woman was fortunate: she had undergone three uneventful pregnancies and normal deliveries since her accident.

In the sixteenth century Vesalius reported a chronic traumatic thoracic aneurysm in a man who had fallen from a horse.¹ With the advent of the internal combustion engine high speed accidents increased and major deceleration injuries became more common.

The natural history of such aneurysms is difficult to assess accurately because undetected asymptomatic aneurysms cannot be included in the analyses. Finkelmeier *et al* reviewed reports of such aneurysms published between 1950 and 1980.² They found that 15% of a total of 390 cases had been managed conservatively. The remainder underwent surgical resection, with mortality of 4.6% and spinal damage in 1.4%. None the less, long-term survival figures favoured a policy of surgical intervention: at 5 years survival was 93% in the surgically treated group and 71% in the observed group. This difference persisted 10 years after resection.

The fact that the wall of this aneurysm was fragile and thin 12 years after the accident accords with widely held belief that chronic traumatic thoracic aneurysms should not be assumed to have become stable after a prolonged period: once detected they should be resected.

S A THORNE
S M FORBAT

Magnetic resonance image (coronal spin-echo section; echo time 40 ms) of the thorax delineating the thoracic aortic aneurysm.

- 1 Sailer S. Dissecting aneurysm of the aorta. *Arch Pathol Lab Med* 1942;33:704-30.
- 2 Finkelmeier BA, Mentzer RM, Kaiser DL, Tegtmeyer CJ, Nolan SP. Chronic traumatic thoracic aneurysm. *J Thorac Cardiovasc Surg* 1982;84:257-66.