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

Stent implantation itself was uncompli-
cated 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.

2 O’Laughlin MP, Perry SB, Lock JE, Mullins CE. Use of
4 Gibbs JL, Rothman MT, Rees MR, Parsons JM, Blackburn MR, Carlos ER. Stenting of the arterial duct: a

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 conse-
quence 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 tran-
sected. 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. Finkelmaner 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 man-
aged conservatively. The remainder under-
went 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 pro-
longed period: once detected they should be
resected.

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