



## Multiple arterial aneurysms in the mediastinum

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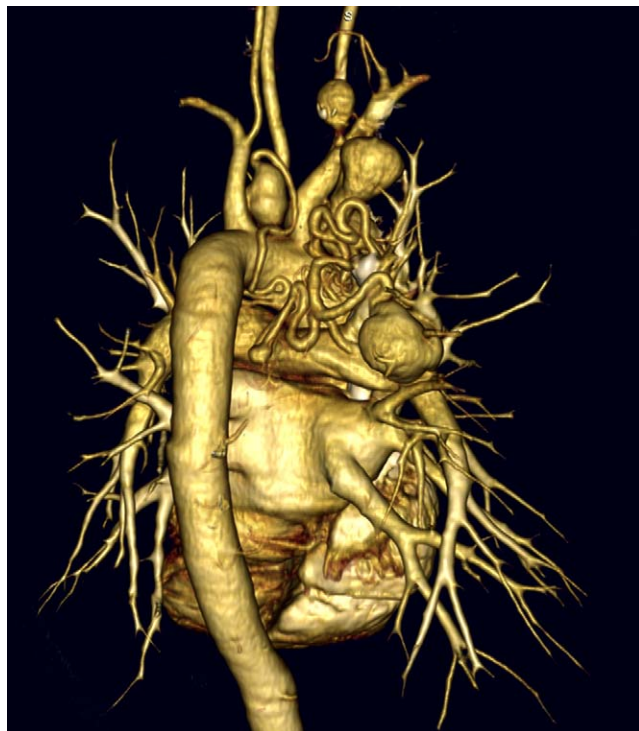
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## Images in vascular medicine

### Multiple arterial aneurysms in the mediastinum

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Panel A



Panel B

A 37-year-old woman presented with a 5-month history of hoarseness. She had no other clinically significant medical history or history of trauma. An ENT doctor diagnosed swelling of the right vocal chord. With the hoarseness being refractory to medical treatment, a chest computed tomography (CT) scan was performed which revealed distinct elongation and kinking of the bronchial

arteries with multiple aneurysms near the right subclavian artery in a location that could cause compression of the recurrent laryngeal nerve (Panel A: posterior view). A contrast-enhanced whole-body magnetic resonance angiography ruled out intracranial, abdominal or acral aneurysm formation (Panel B). Given the uncertain origin of the aneurysms, selective angiography of the thoracic aorta and the supra-aortic vessels showed a total of five aneurysms along the aortic arch (Panel C): aneurysms numbers 1 and 3 were supplied from a bronchial artery and the right internal thoracic artery; aneurysms numbers 4 and 5 were found to originate from the right and the left subclavian artery respectively; aneurysm number 2 originated from the brachiocephalic trunk.

Considering the high risk of massive bleeding and neurologic injury with open surgical treatment, we decided to proceed with endovascular embolization. All five aneurysms were selectively embolized in two consecutive sessions using interlocking detachable coils (IDC; Boston Scientific Corporation, Natick, MA, USA) (Panel D).

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Panel C



Panel D

At 6 months' follow-up, the CT angiogram showed complete thrombosis of all aneurysms, yet the patient is still suffering from hoarseness and vocal chord swelling.

The etiology of the aneurysm formation in this patient remains unknown, especially since we were not able to gain material for histological examination. Bronchial artery aneurysms are rare and have been associated with atherosclerosis, trauma, inflammatory lung disease, bronchiectasis, tuberculosis, sepsis, and Osler-Weber-Rendu disease.<sup>1</sup> The patient's hoarseness may have been the symptom which led to the diagnosis and may be unrelated to the mediastinal aneurysms. Embolization appears to be a safe and reliable therapeutic option in the management of multiple mediastinal aneurysms.<sup>2</sup> Long-term follow-up is needed however.

## References

- 1 Tanaka, K, Ihaya, A, Horiuci, T, *et al.* Giant mediastinal bronchial artery aneurysm mimicking benign esophageal tumor: a case report and review of 26 cases from literature. *J Vasc Surg* 2003; **38**: 1125–1129.
- 2 Vernhet, H, Bousquet, C, Jean, B, *et al.* Bronchial aneurysms mimicking aortic aneurysms: endovascular treatment in two patients. *Cardiovasc Interv Radiol* 1999; **22**: 254–257.

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