

## Massive extracranial carotid artery aneurysm presenting as pulsatile neck mass

Duży tętniak w pozaczaszkowym odcinku tętnicy szyjnej wyczuwalny jako pulsująca masa w obrębie szyi

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Our patient was a 38-year-old male presenting with complains of a pulsatile neck mass for last 4 months with no history of any compressive symptoms or focal neurological deficit. Local examination revealed a pulsatile swelling in the right submandibular region and neurological examination was unremarkable. Ultrasonography of neck revealed an aneurysm in the same region but its origin could not be deciphered. Computed tomography (CT) angiography of the neck vessels was planned which revealed a large fusiform dilatation of the right internal carotid artery, 23 mm distal to its origin, measuring 32 × 39 mm extending from C2–C4 vertebral body level. Silent thromboembolic events were ruled out by an magnetic resonance imaging (MRI) of the brain along with MR angiography and associated aneurysms in thoracic and abdominal aorta were ruled out by CT angiography. Coronary angiography was unremarkable. Surgical resection with interposition grafting using autologous saphenous vein was done. Histopathology of the lesion revealed changes suggestive of atherosclerosis.

Extracranial internal carotid artery aneurysms are rare and account for < 1% of all arterial aneurysms. Atherosclerosis is the most common etiological factor [1]. Other causes are congenital, trauma, and infections [2]. Neck pain, a pulsatile mass and murmur at auscultation are the most common symptoms. They frequently present with neurological signs and symptoms [cerebrovascular accidents (CVAs), transient ischemic attacks (TIAs), or Horner's syndrome] or a simple neck swelling and compression due to massive aneurysms. Surgical management includes: aneurysmectomy with reconstruction by end-to-end anastomosis or interposition graft, and endovascular exclusion via stent [3–5]. Our case is a very rare case of a massive extracranial carotid artery aneurysm which was managed with surgical resection and interposition grafting.

### Conflict of interest

None.

### References

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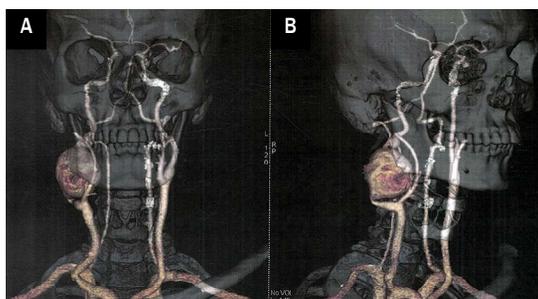


Figure 1A, B. Reconstructed computed tomography carotid angiography showing massive extracranial carotid artery aneurysm

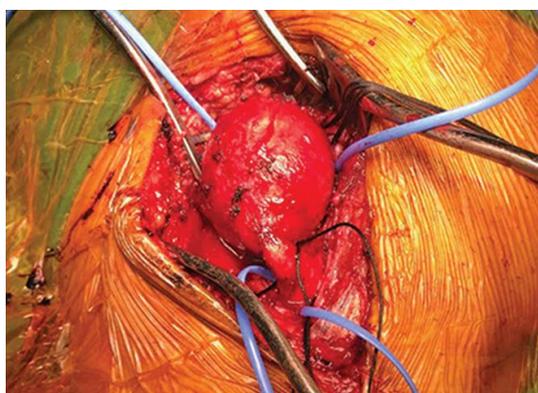


Figure 2. Intra-operative images demonstrating massive carotid artery aneurysm

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