

## IMAGE

### Surgical Resection of an Extracranial Internal Carotid Artery Aneurysm

A 65 year old woman was referred with an asymptomatic left carotid bruit. She had arterial hypertension, hypercholesterolaemia, and had stopped smoking five years previously. Her left carotid pulse was increased. Computed tomography angiography revealed a 15 mm saccular aneurysm of the elongated left extracranial internal carotid artery (ICA) without thrombus or stenosis (left image). Under general anaesthesia, she underwent aneurysmectomy with direct end to end anastomosis using a running monofilament polypropylene suture (right image), with no post-operative complications. After 18 months of follow up, she remains asymptomatic, with a normal duplex scan. Even if endovascular treatment may be an alternative, open surgery remains the best option in cases such as this with ICA tortuosity and endovascular access issues, thrombus burden, compression related symptoms, or infection.

Arnaud Kerzmann\*, Vincent Tchana-Sato  
Department of Cardiovascular and Thoracic Surgery,  
University Hospital of Liège, Wallonia, Belgium

\*Corresponding author. University Hospital of Liège, Avenue de l'Hôpital 1, 4000 Liège, Wallonia, Belgium.  
Email-address: [akerzmann@chuliege.be](mailto:akerzmann@chuliege.be) (Arnaud Kerzmann)

© 2022 The Author(s). Published by Elsevier Ltd on behalf of European Society for Vascular Surgery. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

<https://doi.org/10.1016/j.ejvsf.2022.11.004>

