



IMAGES IN INTENSIVE MEDICINE

Brachycephalic trunk aneurysm detected before percutaneous tracheotomy[☆]



Aneurisma de tronco braquicefálico encontrado previo a traqueostomía percutánea

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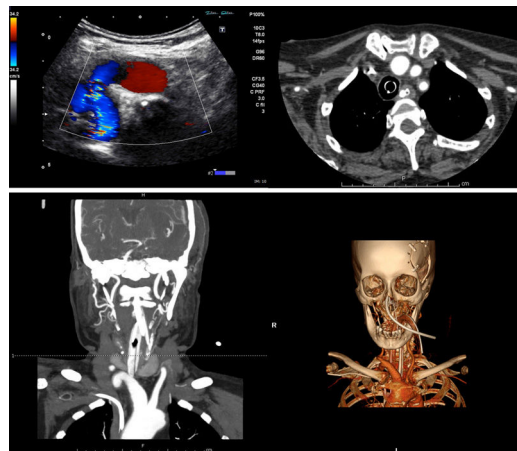


Figure 1

A 73-year-old woman was admitted to the intensive care unit (ICU) due to Fisher grade III subarachnoid hemorrhage with an aneurysm of the clipped left posterior communicating artery. The condition progressed to vasospasm and altered consciousness, with a Glasgow coma score of 7. Percutaneous tracheotomy was scheduled on day 7, with prior cervical ultrasound exploration. On extending the neck of the patient, a pretracheal pulsatile mass was detected, with ultrasound characteristics suggestive of aneurysm. AngioCT of the neck vessels revealed elongation of the right brachiocephalic trunk, exerting a mass effect at paratracheal level, over the lower pole of the thyroid lobe and partially over the isthmus. Tracheotomy was discarded due to the risk of aneurysm rupture. Cervical ultrasound exploration before percutaneous tracheotomy can help avoid possible complications due to anatomical anomalies (Fig. 1).

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