



## Management Approach to a Rare Case of Extracranial Internal Carotid Artery Pseudoaneurysm

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### Summary

A man in his 60s presented with a seven-week history of throat discomfort, left-sided facial headache, and neck swelling. His past medical history was significant for asplenia (post-trauma during childhood) and polymyalgia rheumatica. Imaging of his neck with Ultrasound (US), Computerized Tomography (CT) and Magnetic Resonance Imaging (MRI) confirmed a pseudoaneurysm at the left carotid bifurcation with associated inflammatory changes.

This case represented a significant diagnostic challenge with both the identification of histological features of giant cell arteritis and response to antibiotic therapy suggesting possible concomitant infectious and vasculitis etiologies.

Management was challenging as for the rarity of this disease, the difficulty to identify the underlying pathology, and the rapid increase in the size of the pseudoaneurysm. It required extensive inter-disciplinary input to both optimize medical management and facilitate a technically difficult surgical repair. The patient made a full recovery and was discharged home with follow-up under vascular surgery, infectious disease, and rheumatology teams.

### Learning Points

- To gain an understanding of the varied etiologies in the development of carotid pseudoaneurysm.
- To understand the rationale in decision-making regarding conservative versus surgical management of carotid pseudoaneurysm.
- To appreciate the need for interdisciplinary input in the treatment of complex multi-factorial causes.

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**Received Date:** 17 Jan 2023

**Accepted Date:** 03 Feb 2023

**Published Date:** 07 Feb 2023

#### Citation:

Hassanin A, O'Regan A, Waqas S,  
Barry MC. Management Approach to  
a Rare Case of Extracranial Internal  
Carotid Artery Pseudoaneurysm. *World  
J Surg Surgical Res.* 2023; 6: 1450.

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