Non-Aberrant Large Subclavian Artery Aneurysm with Kommerell Diverticulum: Open Repair with Single-Stage Approach

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Clinical Image

A 50-year-old woman with pulsatile mass of her left neck diagnosed large left subclavian artery aneurysm and Kommerell diverticulum by computer tomography (Figure 1A and 1B). White arrow is aberrant subclavian artery). We proposed the total arch replacement through a median sternotomy. The vascular prosthesis was anastomosed to bilateral axial artery before sternotomy and total arch replacement was performed distal side of Kommerell diverticulum. Aberrant right subclavian artery was ligated on the right side of the trachea. Non-aberrant left subclavian artery and left vertebral artery was ligated on the distal side of the aneurysm (Figure 1C).

Keywords: Subclavian artery aneurysm; Kommerell diverticulum; Sternotomy

Figure 1: Non-aberrant large subclavian artery aneurysm with Kommerell diverticulum.