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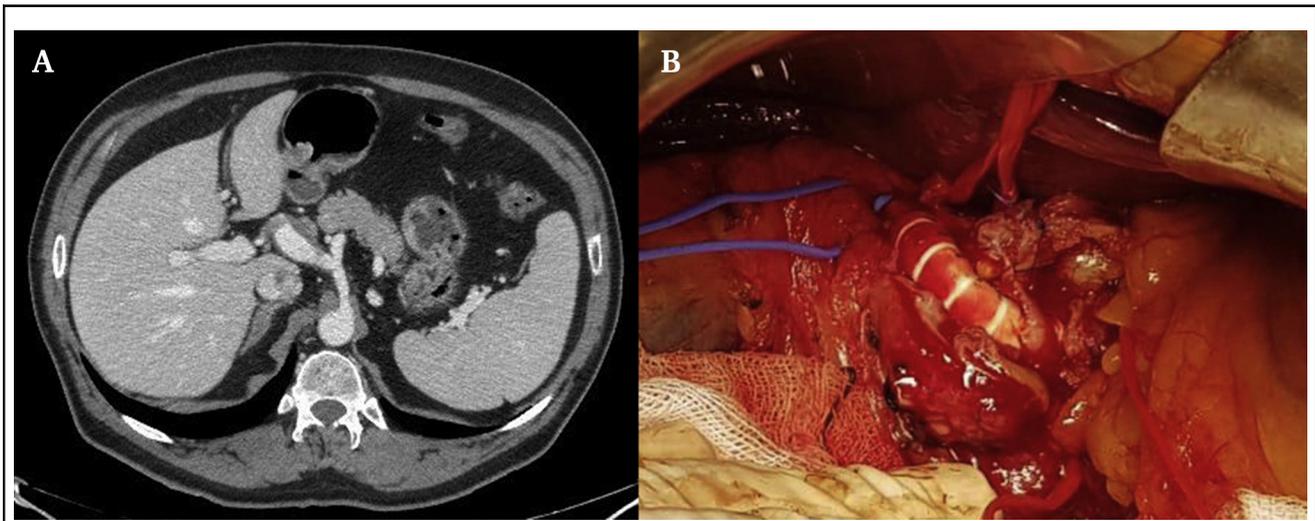
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COUP D’OUIL

Isolated Hepatic Aneurysm

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A 63 year old smoker with a history of peptic oesophagitis, colonic diverticular disease and polyposis was diagnosed with a 24 mm asymptomatic true hepatic artery aneurysm (panel A) during a colonic surveillance computed tomography (CT) scan. The aneurysm had not been present on CT four years previously. There were no associated aortic/peripheral aneurysms and no suitable necks for endovascular treatment. The hepatic aneurysm was resected electively through a right subcostal laparotomy with interposition of a hepato-hepatic 6 mm Propaten® graft (panel B), anastomosed proximally at the hepatic artery origin and distally at its bifurcation, preserving both main branches. The patient recovered uneventfully.

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