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Post Infective Temporal Artery Ruptured Pseudoaneurysm

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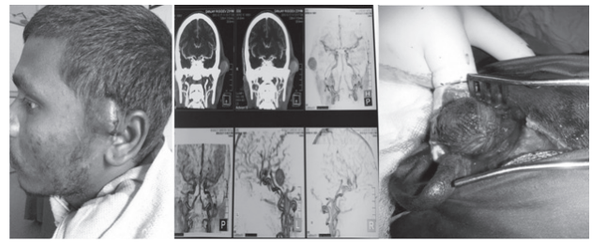

Figure 1A: Clinical picture showing the pseudoaneurysm. B: CT angiogram showing the temporal artery pseudoaneurysm. C: intraoperative picture showing the excision of the pseudoaneurysm. Note the finger giving proximal compression to control the bleeding.

23-year-old male presented with history of left temporal swelling for 1 month which was pulsatile and associated with left sided headache especially on straining. There was history of local abscess for which incision and drainage had been done 1 month back at a peripheral center. There was unexpected bleeding then which was controlled. On examination there was a pulsatile, expansible mass, adherent to the skin and a linear scar over it (Figure 1A). Computed tomogram angiography was advised which showed a pseudoaneurysm of the temporal artery above the zygomatic arch (Figure 1B). He was advised surgery but refused and went home. After 2 weeks he was brought to the emergency with excessive bleeding from the left side of the head .On examination there was pulsatile uncontrollable bleed from the main trunk of the temporal artery. Immediate pressure was applied proximal to the bleed by the medical officer.He was thus counselled and taken to the operation theatre with the medical officer pressing the artery. A wide incision was madeand the proximal artery dissected and ligated followed by excision of the pseudoaneurysm (Figure 1C). His recovery was uneventful and the histopathology was consistent with pseudoaneurysm.

The temporal artery is the most common site of pseudoaneurysm usually secondary to trauma, infection, spontaneous or atherosclerosis. They present with localized mass, headache, cranial nerve deficits, visual problems or hemorrhage.[1-4] The diagnosis is established by CT angiography and the treatment of choice is excision after proximal ligation although compression leading to regression has also been reported.[3]

References:

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