A 20 year old asymptomatic man presented for routine review after repair of coarctation of the aorta using a dacron patch aortoplasty technique. Plain CXR suggested a bulge at the upper left cardiac shadow raising the possibility of aneurysm formation, which was confirmed by MRI. Surgery revealed a very thin walled aneurysm complicating the previous repair site and resection with tube grafting was successful. Late aneurysm formation such as this can complicate up to 50% of Dacron patch aortoplasty repairs, but only rarely complicates end-to-end anastomosis or subclavian flap type repairs. Subjects who have had this procedure should probably have yearly CXR and MRI follow up of any suspicious appearances, and screening MRI every 5 years even if CXR appears normal.

Late complications following repair of coarctation of the aorta include hypertension, residual coarctation, recoarctation and aneurysm formation. This MRI image illustrates an aneurysm at the repair site.