A 59-year-old woman with Marfan syndrome was referred for cardiac computed tomography with echocardiographic diagnosis of sinus of Valsalva aneurysm. Twenty years earlier, she had had an aortic type A dissection. A mechanical prosthesis and a 30-mm supracoronary graft were implanted. The right coronary artery was reimplanted. Cardiac computed tomography showed a 10 × 7.8 cm aneurysm arising from the left sinus of Valsalva (Fig 1; note the descending aortic dissection [arrow] and the previous reimplantation of the right coronary artery [arrow]). Reintervention preserved the mechanical prosthesis, and the aortic root was replaced.

Coronary arteries were reimplanted following Cabrol’s technique. Most sinus of Valsalva aneurysms are congenital. Acquired aneurysms are caused by conditions affecting the aortic wall, such as infection, degenerative disease, or thoracic trauma [1]. In our case, although Marfan syndrome was the main condition, prior replacement of the supracoronary aorta alone can also be followed by recurrent aneurysm formation at the level of the residual aortic root. As regards diagnostic tools, echocardiography and cardiac computed tomography are complementary.

Reference