Traumatic True Aneurysm of the Superficial Temporal Artery

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Brief Report

A 40-year old male rugby player presented with a lump over his left eyebrow. He developed a lump after clashing heads (with another player) during training some 4 weeks previously. He was otherwise well, but complained of continuing pain in the region. Of note, he had had a previous excision of a traumatic temporal artery on the right hand side 8-years previously. Examination findings confirmed the presence of a 1cm soft pulsatile swelling consistent with a traumatic aneurysm. Duplex ultrasound revealed an aneurismal (3mm diameter) section of the left superficial temporal artery (figure 1). A linear incision over the left temporal region identified the aneurismal section of artery (figure 2). The patient underwent a successful ligation and excision of the aneurysm under local anaesthetic. Histological examination revealed a true aneurysm, with no break in the vessel wall and regenerative vascular proliferation.

Discussion

Aneurysms to the superficial temporal artery are uncommon, but most are associated with blunt trauma [1-2]. The majority are true aneurysms, which involve all three layers of the vessel wall [2]. False aneurysms are associated with rupture of the vessel wall and associated haematoma, and occur in Doppler ultrasound provides the mainstay of investigation, but skull x-rays (to assess for associated fracture) and arteriography have also been utilised [1-2]. Definitive treatment, to prevent rupture and improve cosmesis, is usually in the form of operative ligation and excision of the aneurysm (under local anaesthesia) [1-2]. Selective catheterization and embolisation of the superficial temporal artery may also be used to treat the aneurysm [1-2]. This case illustrates the typical presentation and management of a traumatic superficial temporal artery aneurysm.

References

Illustrations

Illustration 1

Figure 1

Illustration 2

Figure 2
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