A 68-year-old man was admitted to hospital with congestive heart failure. The patient had undergone a quadruple coronary artery bypass graft (CABG) procedure 19 years previously, with repeat CABG surgery three years later for complete occlusion of the left anterior descending coronary artery and an ostial stenosis of the diagonal CABG. His daily activity was in New York Heart Association class IV. Significant comorbidities were hypertension, hyperlipidaemia, chronic obstructive pulmonary disease and chronic renal failure with unknown aetiology. Chest X-ray showed a 4-cm left suprahilar opacity. The patient underwent chest-computed tomography (CT) with intravenous contrast, which revealed a large pseudoaneurysm of a saphenous vein graft (Fig. 1). Coronary multidetector CT scanning showed that the pseudoaneurysm concerned the saphenous vein graft to the obtuse marginal coronary artery (Fig. 2). The patient died three weeks later due to multivisceral failure.

Pseudoaneurysms of saphenous vein grafts are often asymptomatic, and are normally incidental findings on routine chest radiographs or in CT studies. In addition to establishing the diagnosis, CT scanning provides information about the location, extent of anatomic anomalies and relationship to the major branch vessels.
Once diagnosed, the pseudoaneurysm should be treated as soon as possible because of the risk of myocardial infarction, congestive heart failure, fistula formation, coronary artery embolization and rupture. Modes of treatment vary from excision with revascularization to embolization, with no current consensus on treatment, which varies according to the patient’s condition.

**Conflicts of interests**

None.