We read with great interest the case report by Bojko and colleagues\(^1\) of a patient with aortic aneurysm very late after heart transplantation (HTx). The patient, who had a history of aortic valve replacement for bicuspid aortic valve (BAV) disease, underwent HTx for developed cardiomyopathy secondary to sarcoidosis. An incidental computed tomographic image of the chest taken to rule out pneumonia revealed a distal ascending aortic aneurysm with maximal diameter of 7.2 cm. The patient had been followed up with transthoracic echocardiography, which had shown no evidence of dilatation of the thoracic aorta. Bojko and colleagues\(^1\) successfully performed ascending aortic replacement for delayed aortic aneurysm under deep hypothermic circulatory arrest. In their report, they emphasized the importance of follow-up computed tomographic imaging of the thoracic aorta in patients with BAV disease, even after HTx.

In the report of Bojko and colleagues,\(^1\) intraoperative inspection revealed a chronic pseudoaneurysm of the native ascending aorta. The donor aorta was not involved with aneurysmal formation. Bojko and colleagues\(^1\) specify that they found a pseudoaneurysm, which is not a true aneurysm. We assume that it originated from the anastomotic site of aorta between the donor and recipient. The pseudoaneurysm of this patient was detected more than 20 years after HTx. We ourselves have had a patient with a true aneurysm late after HTx.\(^2\) Irrespective of the underlying diagnosis in patients, a pseudoaneurysm can develop at every site of aortic anastomosis between the donor and recipient. Currently, HTx improves late survival rate for eligible patients with end-stage heart failure. Although transplant programs are vigilant in their surveillance for rejection and ventricular function, this article highlights the need to image the ascending aorta as well. We congratulate Bojko and colleagues\(^1\) for illustrating this rare, but life-threatening entity after HTx.

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https://doi.org/10.1016/j.jtcvs.2019.06.105