A 77-year-old man presented with a 2-week history of dysphonia and dysphagia, with concomitant anorexia, sporadic fever, and weight loss. Laboratory studies revealed neutrophilic leukocytosis and a high C-reactive protein level, and chest radiography showed left mediastinal widening. Computed tomography was performed and depicted a saccular aortic arch aneurysm, having a thickened and irregular wall, with extension to the left carotid artery (Figs. 1, 2).

A mycotic aortic aneurysm is an aortic aneurysm due to infection, most commonly involving bacteria. It is a rare condition, with an estimated incidence of 0.6% to 2.0% of all aortic aneurysms. They are associated with significant morbidity and mortality and prognosis depends on the presence of rupture or sepsis and the virulence of the microorganism.

This patient underwent carotid-carotid bypass and surgical repair of the mycotic aneurysm. He completed a 6-week course of metronidazole and vancomycin and his recovery was unremarkable.

AUTHORS CONTRIBUTION:
AR: Acquisition of data; literature review, draft of the paper.
GF: Image processing; critical review of the paper and of the literature.

PROTECTION OF HUMANS AND ANIMALS: The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical

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