

Katsumata et al. (6)	Dissection repair 70 Aortitis 10 No prior surgery 10 Root abscess 10	Proximal anastomosis 6 Distal anastomosis 3 Annular site 1	Persistent febrile illness 60 Stroke 10 Sepsis 20
Malvindi et al. (10)	Bentall 37 Others 33 AAR 15 AVR 15	Aortic suture line 6 Proximal composite-valve-graft 9 suture line Proximal and distal composite- 1 valve-graft suture lines Aortotomy suture line 3 Left and right coronary ostia 1 Left coronary ostium 1 Right coronary ostium 4 Right coronary ostium and distal 1 ascending aorta suture line Cannulation site 1	Asymptomatic 40 Symptomatic 60 Dyspnea alone 11 Dyspnea with thoracic pain 4 Dyspnea with fever 7 Thoracic pain alone 11 Thoracic pain with fever 4 Fever and systemic signs of inflammation 15 Septic shock and mediastinitis 4 Hemoptysis 4
Malvindi et al. (5)	Bentall/MVR/CABG 55 AVR/AA/CABG 20 Other 6 Arch/TAAAR 4 David + AAR + Arch/ET 4 MVR/TAFa repair 4 MVR + AAR + ET 2	Aortic suture line 17 Proximal composite valve graft suture 5 Aortotomy suture 4 Cerebrovascular vessels suture 2 Left coronary ostium 9 Right coronary ostium 4 Cannulation site 1 Aortic patch suture 1	Asymptomatic 53 Symptomatic 47
Mohammadi et al. (11)	Composite valve graft 50 SC tube/AVR 50	Proximal anastomosis 55 Distal anastomosis 28 Both 14 Right coronary ostia 3	Symptomatic 93 Dyspnea 76 Chest pain 44 Fever 10 Hepatomegaly 10 SVC syndrome 10 AR diastolic murmur 3 Continuous murmur 3 Dysphonia 3 Hemolytic anemia 3 Hemoptysis 3 Transient ischemic attack 3 Asymptomatic 7
Razzouk et al. (12)	CABG 46 AVR/AAR 39 AVR/MVR 15	Aortotomy 23 Bypass graft site 23 Distal site 38 Aortic cannulation 15	Chest pain 38 Dyspnea 31 Hemoptysis 8 Drainage from sternotomy 15 Asymptomatic 8
Sullivan et al. (2)	CABG/AVR /MVR 87 Congenital 13	Aortic suture line 3 Ascending aorta 3 Aortic vent site 1 Needle puncture site 2 Aortic valvulotomy site 5 Aortic cannulation site 10 Bypass graft site 6 Left sinus of Valsalva 1	N/A
Villavicencio et al. (13)	Root/AAR 23 AVR 14 DAR 11 AVR / AAR 10 CABG 4 Arch vessel bypass 2 AA patch 2	Proximal site 18 Distal site 21 Coronary reimplantation site 5 Multiple 5	Dyspnea 44 Chest pain 39 Fever 32

such as autoimmune disease, mycotic pseudoaneurysms, tuberculosis, and foreign bodies in the digestive tract leading to a fistula (2, 8, 9, 13).

Diagnosis and location of thoracic aortic pseudoaneurysm

The diagnosis of TAFa was established using an echocardiogram and computed tomography

scan either during routine examinations or after the patient presented with symptomatology. Aortic false aneurysms were found to be connected to either proximal or distal aortic anastomosis (30%), coronary reimplantation sites (8%), cannulation of the vessel (4%), or other issues within the layers of the aortic wall that impeded proper healing. They are life-threatening conditions because of their progressive expansi-

on. They can lead to compression or erosion of the surrounding structures, rupture, bleeding, or fistula development, or they can become a source of persistent infection or embolism. Due to the potentially fatal consequences of TAFAs and the possibility of a silent clinical presentation, it is highly advised to conduct regular checkups on patients who have had cardiac and aortic surgeries.