

Traumatic external carotid artery branch pseudoaneurysm

Eleven cases of traumatic [external carotid artery](#) branch [pseudoaneurysms](#) were admitted to the Second Affiliated Hospital of [Jiaxing](#) University. [Digital subtraction angiography](#) was performed in all patients. It revealed that the pseudoaneurysms originated from the [internal maxillary artery](#) in 5 cases, a [superficial temporal artery](#) in 5 cases, and [occipital artery](#) in 1 case. Five cases of [internal maxillary artery pseudoaneurysms](#) and 2 cases of [superficial temporal artery pseudoaneurysms](#) were treated by embolization; the other 3 cases were surgically resected.

Complete cessation of nasal bleeding was achieved in all 5 pseudoaneurysms of the internal maxillary artery after the endovascular therapies. Scalp bleeding stopped and scalp defect healed up in 2 patients with superficial temporal artery pseudoaneurysms treated by interventional therapy. All patients were followed up for 0.5-2.0 years without recurrence of nosebleed and scalp lump.

For patients with repeated severe [epistaxis](#), after [craniocerebral injury](#), [digital subtraction angiography](#) should be performed as soon as possible to confirm a traumatic pseudoaneurysm. [Endovascular therapy](#) is an effective method for [traumatic internal maxillary artery pseudoaneurysms](#). For patients with scalp injuries and [pulsatile lumps](#), further examinations including digital subtraction angiography should be performed to confirm the diagnosis. Surgical treatment or endovascular therapy for scalp traumatic pseudoaneurysm is effective ¹⁾.

¹⁾

Wang GH, Shen HP, Chu ZM, Shen JG, Zhou HH. Traumatic pseudoaneurysms of external carotid artery branch: Case series and treatment considerations. Chin J Traumatol. 2021 Apr 21:S1008-1275(21)00059-6. doi: 10.1016/j.cjtee.2021.04.003. Epub ahead of print. PMID: 33941432.

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