ANEURYSM IN THE DORSOLATERAL NECK OF TWO BEARDED DRAGONS (*Pogona vitticeps*)

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ABSTRACT

Aneurysms were observed in the necks of two captive bearded dragons, *Pogona vitticeps*. Both affected lizards presented with a large fluctuant or firm swelling up to 5 cm in diameter on the dorsolateral neck. In the first lizard (Lizard 1) the swelling was just caudal to the skull. Lizard 1 behaved normally and continued to eat, although the aneurysm was large enough to potentially affect normal jaw abduction and food prehension. In the second lizard (Lizard 2), the swelling extended posteriorly from the caudal skull and dorsally so that the head muscles were elevated on that same side. This animal ceased to feed. Early in each case, aspiration with a needle and syringe yielded several cubic centimeters of whole blood after which the mass immediately refilled with blood, indicating communication with a large and/or high pressure blood vessel. Lizard 1 was investigated with angiography but left untreated at the owner's request. It died unexpectedly 8 mo later, at which time the contents of the aneurysm had coagulated. It then underwent anatomic dissection. The aneurysm's base was just lateral to the heart and abruptly expanded so the walls ballooned posterior to the superior temporal fenestra. The aneurysm walls were fibrous and supple but lacked elasticity of a healthy artery. Lizard 2 was investigated with MR and CT imaging while alive. Its aneurysm was contained within the skull and effectively appeared bilobed because it had expanded dorsally displacing jaw muscles through the superior temporal fenestra, extended nasally over the pterygoid process and expanded between the postorbital bar and the ectopterygoid located just ventrally (Fig 1). In both cases the aneurysms arose from the internal carotid artery near where it branches off the aorta or from the aorta itself.

The aneurysm in Lizard 2 was successfully removed surgically, although intraoperative blood loss required a transfusion from a donor bearded dragon. The etiology of this syndrome is unknown. These vessels are somewhat unprotected by their shallow position in the dorsolateral pharynx as they course over the ventral aspect of the skull and neck, hence they might be exposed to trauma during feeding. Hypertension cannot be ruled out.

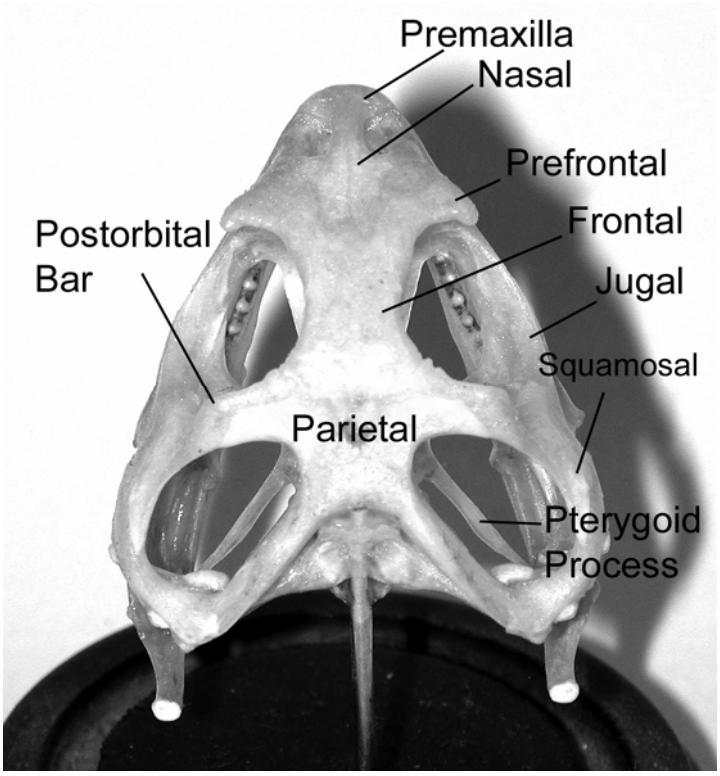


Figure 1. Dorsal view of a bearded dragon skull. The more nasal paired openings are the orbits; the more posterior openings are the superior temporal fenestrae. The aneurysm of Lizard 2 extended dorsally displacing muscles through these openings. The pterygoid processes, seen ventral to the fenestrae and the ectopterygoids just nasal to them and ventral to the postorbital bars, constrained the aneurysm ventrally.