A woman in her mid-80s presented to the emergency department because of progressive increase in volume of a subcutaneous frontal hematoma (Figure 1). This hematoma had initially appeared 6 weeks earlier, following a fall resulting in direct facial trauma.

An ultrasound was performed and showed a 1.5-cm anechoic formation within the hematoma, in contact with a frontal branch of the superficial temporal artery (STA). This lesion was pulsatile, with blood flow circulating in it ("Yin-Yang" sign) and corresponded to a false aneurysm (Figure 2A–C). She was successfully treated by selective embolization of the supplying artery (Figure 2D).

Doppler ultrasound is the first-line examination to confirm the diagnosis. Computed tomography and magnetic resonance imaging can also be useful. Angiography is an invasive examination and should be performed for therapeutic purposes.\(^1,2\)

Surgical resection of the pseudoaneurysm of the STA is the treatment of first choice. Embolization can also be made available. Conservative therapies (compression) are not recommended.\(^2\)
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