A female patient aged 17 years old presented with dyspnea grade III with no chest pain. The patient has Marfan Syndrome, and there was a history of mitral valve repair six years ago. Echocardiography showed an ejection fraction of 55%, severe aortic regurgitation, dilatation of the ascending aorta, and moderate tricuspid regurgitation. CT scan showed an ascending aortic aneurysm (92 mm in its maximum diameter) with dissection flap (Fig. 1A and B). We performed median sternotomy and axillary cannulation because of the hugely dilated ascending aorta (Fig. 1C). The Bentall procedure was performed, and the postoperative course was complicated with bleeding requiring re-exploration. The patient was discharged with stable hemodynamics after 20 days. The postoperative CT scan showed normal size aorta (Fig. 1D). This case shows that ascending aortic aneurysm in Marfan patients can reach a gigantic size, which is rarely reported in the literature. Additionally, the aneurysms can silently dissect without causing chest pain.