



Kasuistika | Case report

Case report of an unusual presentation of aortic dissection

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Case report

A 42-year-old woman was admitted to the Emergency Room for complaints of incoercible pain in the left leg, with 7 hours of duration. The patient also referred two episodes of pain in the left arm, identical to the leg pain but less intense and self-limited. A diagnosis of acute ischemic of the lower left limb was made. The patient underwent urgent left iliac thromboembolectomy, with successful restoration of the circulatory pattern. Etiological study of the clinical case was then pursued.

Blood work revealed anemia with a hemoglobin of 6.4 gr/dL. Abdominal and endovaginal echography revealed uterine myomatosis. Blood work did not reveal alterations suggestive of thrombophilia. Transthoracic echocardiography (Fig. 1A) did not show any images suggestive of vegetation, masses or thrombus. How-

ever, since suspicion of embolic event was high, the patient underwent transesophageal echocardiography (TEE) (Fig. 1B, 1C and 1D). The TEE also did not reveal any intra-cardiac images suggestive of vegetation, masses or thrombus. Nonetheless, in the descending thoracic aorta view, a highly mobile mass was seen. The CT scan revealed a segmental dissection in the proximal descending thoracic aorta. The patient then underwent exclusion of the dissection by implantation of an aortic tubular endoprosthesis.

The importance of this case lies in the unusual echocardiographic features of the dissection. The TEE revealed a highly mobile, cylindrical mass, which was only seen in the descending thoracic aorta, an extremely uncommon presentation. This also highlights the need to be thorough while performing imaging exams, since it is easy to miss subtle changes.

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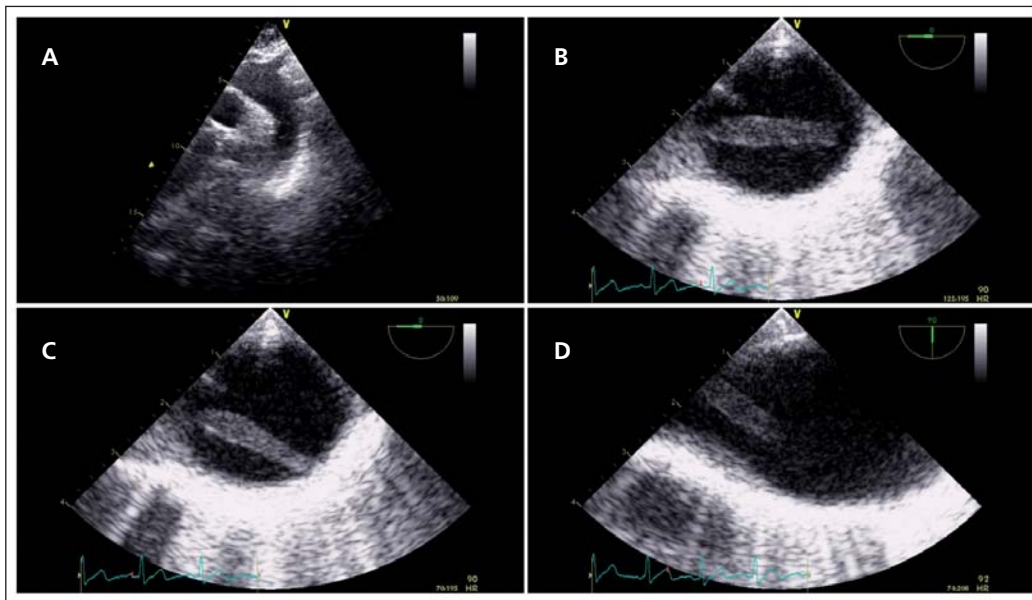


Fig. 1 – (A) Transthoracic echocardiography, supra-sternal view, showing the proximal descending thoracic aorta, however the exam was inconclusive. (B–D) Transesophageal echocardiography revealing in the descending thoracic aorta view a highly mobile, cylindrical mass, which was confirmed to be in relation with a segmental dissection in the proximal descending thoracic aorta by CT.

Conflict of interest

None declared.

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None.

Ethical statement

Authors state that the research was conducted according to ethical standards.

Informed consent

The authors declare that informed consent was obtained.

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at doi:10.1016/j.crvasa.2017.03.011.

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