Dissecting Aneurysm of Aorta

DA Chand*, S A Bittey**, M S Vyavhare**, R Umalkar, M Goroshi *** Amit Disawal*****

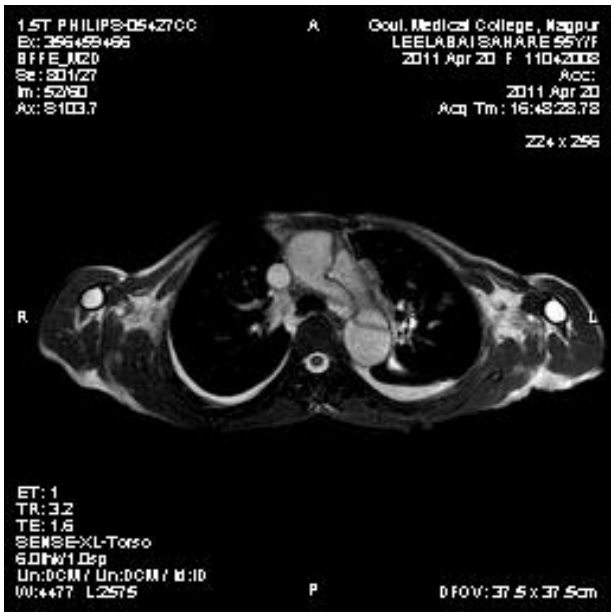
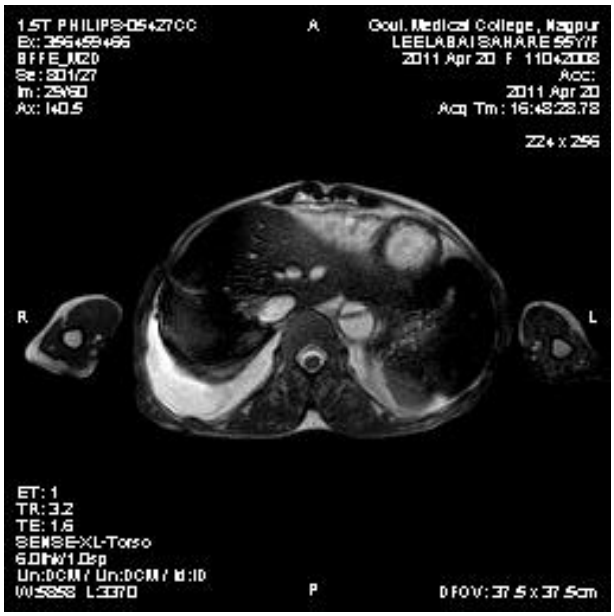


Fig-1: SHOWING ASCENDING & DESCENDING THORACIC AORTIC DISSECTION WITH PLEURAL EFFUSION



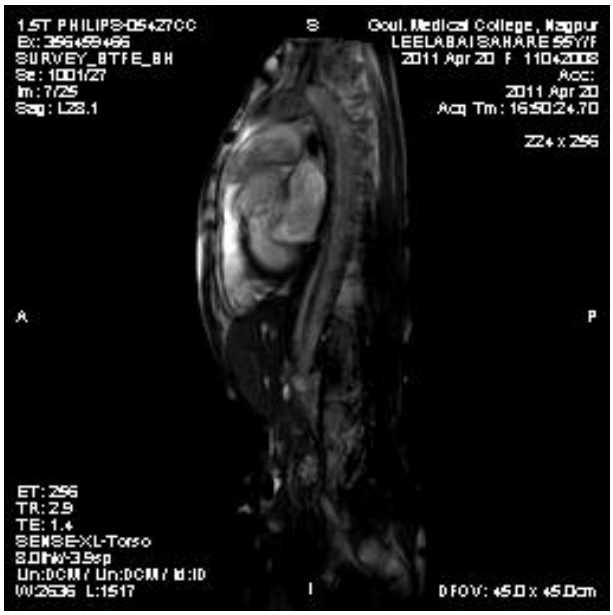


Fig – 2: SHOWING DESCENDING ABDOMINAL AORTIC DISSECTION

A 55 years female presented with retrosternal & abdominal pain since 4 days, breathlessness since 2 days, associated with diaphoresis. On examination her left upper limb and lower limb pulses were weaker as compared to the right side. Her B.P. was 128/70 & 110/50mmHg in Right & Left upper limb respectively. A soft early diastolic murmur was heard in the aortic area along with a grade II pansystolic murmur in the mitral area. ECG showed T wave inversion in lateral chest leads. Echo showed dissection of ascending, arch and descending aorta with AR & MR. Her MR aortic angiography showed a transverse intimal flap extending proximally from the level of aortic root, distally up to the level of bifurcation of descending aorta forming true & false lumen suggestive of dissecting aneurysm.

Aortic dissection occurs when a tear in the inner wall of the aorta causes blood to flow between the layers of the wall of the aorta and force the layers apart. Aortic dissection is a medical emergency and can quickly lead to death (80%), even with optimal management and 50% of patients die before reaching to hospital.

Aortic dissection is associated with hypertension, connective tissue disorders, chest trauma. In an acute dissection treatment choice depends on its location. For proximal aortic dissection (Debakey Type I & II), surgical management is superior to medical management. For uncomplicated distal descending aortic dissection(DeBakey type III), medical management is preferred. Patient was managed medically on Beta Blockers as surgery was not possible locally. Patient was discharged after 15 days when she entered in chronic stable phase.

REFERENCES

1. Light RW. Disorder of the Pleura, Mediastinum, Diaphragm and Chest Wall; Harrisons Principle of Internal Medicine, 16th edition, Dennis L, Kasper et al (eds). New York, MacGrawHill 2005;II;1 65-8.

2. Suzuki T, Mehta RR, Ince H, Nagai R, Sakomura Y, Weber F, Sumiyoshi T, Bossone E, Trimarchi S, Cooper J, Smith D, Isselbacher E, Eagle K, Nienaber C (2003). "Clinical profiles and outcomes of acute type B aortic dissection in the current era: lessons from the International Registry of Aortic Dissection (IRAD)". Circulation 108 (Suppl 1): II312–7.

3. DeBakey ME, Henly WS, Cooley DA, Morris GC Jr, Crawford ES, Beall AC Jr (Jan 1965). "Surgical management of dissecting aneurysms of the aorta". J Thorac Cardiovasc Surg. 49: 130–49.