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Thickened ascending aortic wall mimicking intramural hematoma.

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A 45-year-old Hispanic woman presented with a 3-day history of “burning” chest pain. A computed tomographic angiogram of the chest revealed the ascending aorta had a maximum diameter of 40 mm with marked thickening of the aortic wall (Figure 1), which we concluded was an intramural hematoma. On entering the pericardium, a milky-white plaque-like area on the ascending aorta was encountered (Figure 2). The ascending aorta was firm to palpation. Intraoperative transesophageal echocardiography and epiaortic ultrasound showed a hyperechoic aortic wall with no findings compatible with aortic dissection. The ascending aorta had an irregular surface contour, which was unlikely to be a finding of aortic dissection (Figure 3A, arrow). The transverse arch, proximal innominate artery, and left carotid artery also showed thickened walls (Figures 3B and 3C). We decided not to replace the ascending aorta. Pathology of the surface of the ascending aorta revealed a chronic inflammatory infiltrate with lymphocytes and plasma cells, dense fibrosis, and granulation. Serological studies were inconclusive. The patient was started on steroid therapy for possible isolated aortitis or aortitis syndrome, and her symptoms subsided with a normalized erythrocyte sedimentation rate and C-reactive protein level. She was doing well with a stable chest radiograph 10 months after the surgery



Figure 1. Computed tomographic angiogram of the chest showing the ascending aorta with a maximum diameter of 40 mm and marked thickening of the aortic wall.



Figure 2. The milky-white plaque-like area on the ascending aorta.

Figure 3. (Top) The irregular surface contour of the ascending aorta. (arrow). (Bottom) The transverse arch, proximal innominate artery, and left carotid artery also showed thickened walls.



