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## FIT Clinical Decision Making

## TESTICULAR PAIN, TROUBLE VOIDING AND HYPERTENSION: “DISSECTING THE POSSIBILITIES”

Poster Contributions

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Sunday, March 30, 2014, 3:45 p.m.-4:30 p.m.

Session Title: FIT Clinical Decision Making: Interventional Cardiology and Acute Coronary Syndrome

Abstract Category: Vascular Medicine

Presentation Number: 1209-18

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**Background:** Patients with aortic dissection occasionally present with unusual symptoms, which poses a diagnostic challenge. Here we report a rare instance of aortic dissection presenting as bilateral testicular pain and difficulty in urination.

**Case:** A 59 year-old male life long non-smoker patient with a history of hypertension and nephrolithiasis presents with severe and throbbing bilateral testicular pain of two hours duration, radiating to bilateral flanks. The patient appeared cold and clammy, and his blood pressure was 183/115 mmHg, and temperature 35 degree centigrade. Cardiovascular examination revealed normal heart sounds, with no added murmurs, and equal pulses and blood pressures bilaterally.

**Decision-making:** Bilateral non-obstructive renal calculi were noted on non-contrast Computed Tomography (CT) scan of the abdomen. Given the resistant nature of his pain to analgesics and continually elevated BP, the possibility of aortic dissection was considered. A CT Angiogram revealed a focal dissection of infra-renal aortic aneurysm (Stanford type B) beginning at the level of lumbar artery extending distally into common iliac arteries bilaterally. Therapy with combined  $\alpha$  and  $\beta$  blockers was initiated, to which the patient responded appropriately. Further, he continued to improve with alleviation of pain, and no signs of end-organ ischemia or propagation of disease. It was decided to treat him long-term with adequate BP control. Follow-up with ultrasound was recommended in a year.

**Conclusion:** Bilateral testicular pain is a rare presentation of aortic dissection, with only 2 cases being reported to date. This case emphasizes the importance of suspecting aortic dissection in patients presenting with unusual pain symptoms and hypertension, for ensuring a timely diagnosis of this fatal condition.