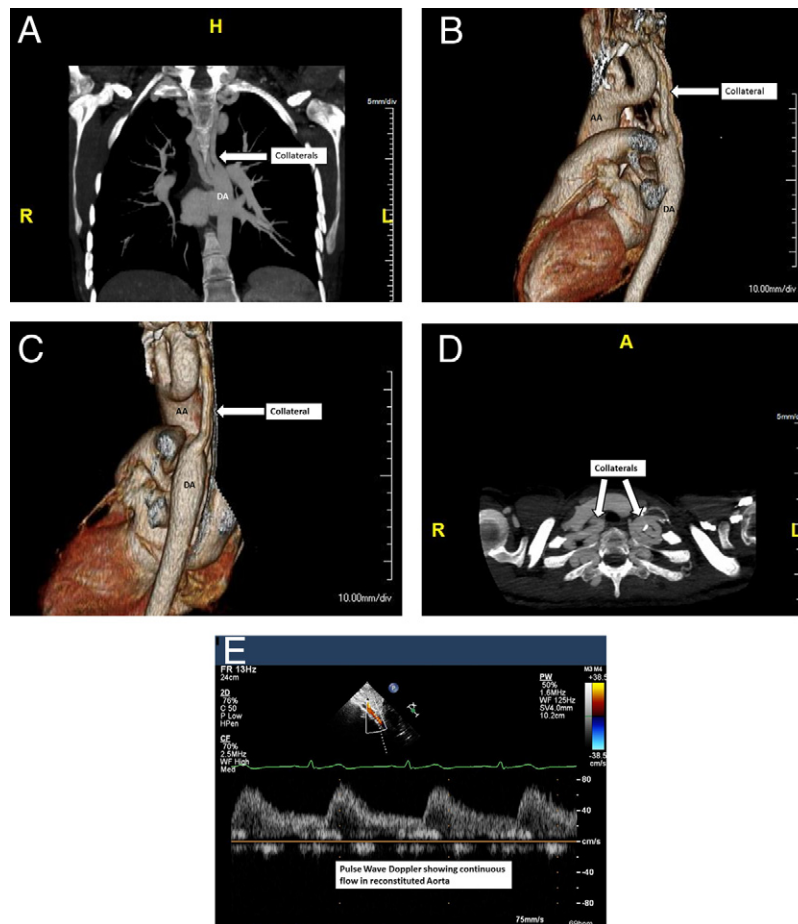


IMAGES IN CARDIOLOGY

New Diagnosis of Type A Interrupted Aortic Arch at Age 24 Years

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A 24-year-old woman who had moved to the United States 5 years earlier received a routine evaluation. Mild systemic hypertension, a systolic murmur, prominent neck pulsations, and diminished lower-extremity pulses were identified. Echocardiogram showed a left aortic arch with a common brachiocephalic trunk and an interrupted aortic arch beyond the left subclavian artery (IAA type A). The abdominal aorta Doppler pattern was obstructive (decreased peak velocity during systole with a delayed upstroke and continuous flow in diastole) (A, Online Videos 1 and 2). Left ventricular size, thickness, systolic function, and intracardiac anatomy were normal. Cardiac computed tomography confirmed the IAA type A and revealed a prominent network of very large and tortuous collaterals (B to E) to the descending aorta. This was an unusual presentation and diagnosis in an asymptomatic 24-year-old woman of a ductal-dependent congenital abnormality usually diagnosed in newborns.