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Images in Cardiology

Asymptomatic chronic type A aortic dissection



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An 80-year-old woman with symptomatic severe aortic stenosis, previously submitted to myocardial revascularization surgery and with multiple co-morbidities, was referred to our cath lab to perform a diagnostic coronary angiography, as evaluation for transcatheter aortic valve implantation. When contrast was injected in proximal aorta, unexpectedly, a *fond-de-sac* contrast retention image was seen (Fig. 1 (Panel A) and Supplementary data online, Video S1). An additional injection was performed further above and it was documented as dilatation of the entire ascending aorta, but not the previous described *fond-de-sac* image (Fig. 1 (Panel B) and Supplementary data online, Video S2). Echocardiographic evaluation detected an aneurismatic dilatation of the aortic root with an image compatible with a flap (Fig. 1 (Panels C, D)). Thoracic angio-CT showed the magnitude of the ascending aorta dilatation (80 mm) and the extension of the aortic dissection from the valve plane to the aortic arch before brachiocephalic

trunk, with partial thrombosis of the false lumen (Fig. 1 (Panels E, F)), confirming the diagnosis of chronic type A aortic dissection.

The patient was refused for surgery due to high surgical risk (EuroSCORE-II 35%) and medical treatment was offered, especially strict control of blood pressure.

Type A aortic dissection is a high mortality condition. Most of the patients were present in an acute setting, and emergent surgery is required. We report an uncommon case of asymptomatic chronic type A aortic dissection, incidentally detected. Open surgical repair is the gold standard for the management of this condition; but in patients with advanced age, multiple co-morbidities, and previous surgical thoracic procedures, it is associated with high peri-operative mortality. Endovascular treatment of descending aorta became an alternative for selected patients; however, this approach for proximal aorta diseases is not established.

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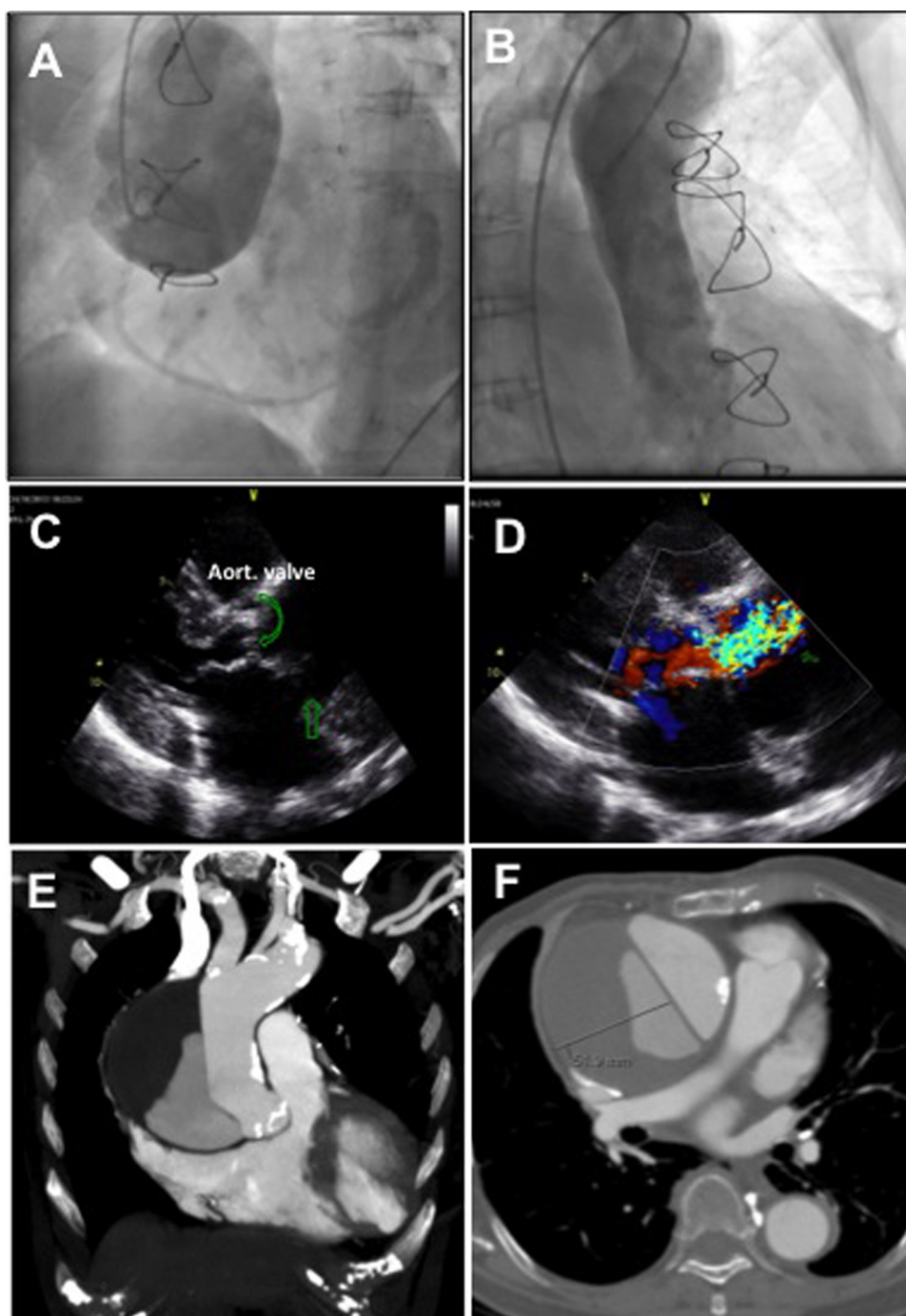


Fig. 1 – Chronic type A aortic dissection. (A) Angiographic visualization of the false lumen. (B) Angiographic visualization of the true lumen of proximal aorta. (C and D) Transthoracic echocardiogram in parasternal long axis view showing dilatation of the aortic root and a flap dividing the true and false lumen (arrow). (E and F) Thoracic angio-CT confirming type A aortic dissection with partial thrombosis of the false lumen.

Conflicts of interest

The authors have none to declare.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at [doi:10.1016/j.ihj.2015.07.012](https://doi.org/10.1016/j.ihj.2015.07.012).