Silent Type A Aortic Dissection

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A 61 year old woman with chronic untreated hypertension presented for routine examination without any complaints. Physical examination revealed a blood pressure of 182/104 and a previously undiagnosed diastolic murmur. Transthoracic echocardiographic examination demonstrated a dilated ascending aorta (65 mm in diameter). Transesophageal echocardiography showed dissection of the ascending aorta, aortic arch and descending aorta (DeBakey type I, Stanford type A, Svensson class I [1,2]), intact aortic valve cusps, with malcoaptation resulting in moderate regurgitation. A weak enhancement due to delayed filling of the false lumen [Figure 1] was visualized within the ascending aorta. Computerized tomographic angiography with two-dimensional reconstruction corroborated the TEE findings [Figure 2]. Blood pressure control was achieved and the patient underwent ascending aorta and arch replacement with aortic valve preservation. A year later, the patient is doing well.

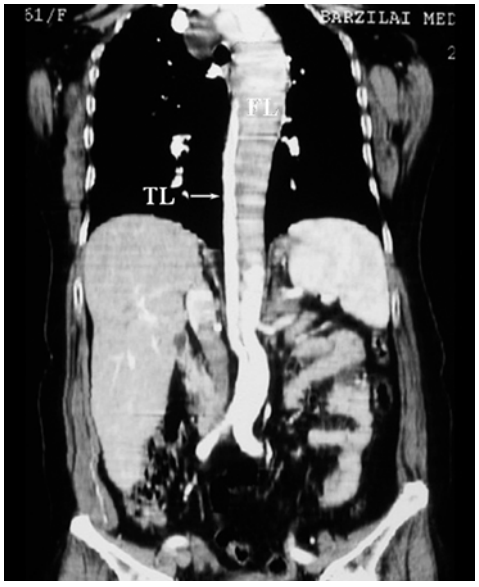

Figure 1. A mid-esophageal long-axis view (at 120˚ transducer rotation) showing the anatomically normal aortic valve (AV), the enlarged aortic root, and the dissection in the ascending aorta with its true (TL) and false lumen (FL). LV = left ventricle.

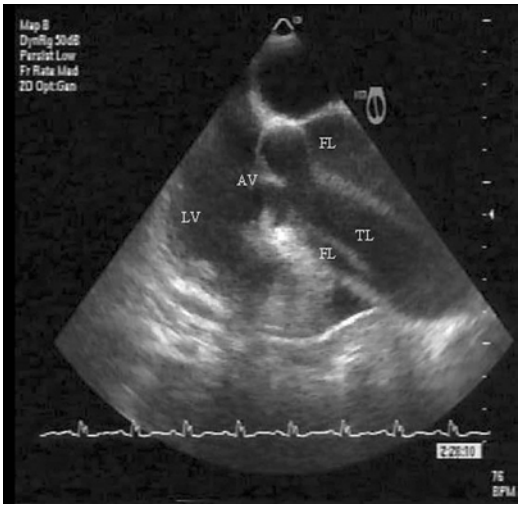

Figure 2. Coronal two-dimensional reconstruction of the descending aorta from computerized tomographic angiography. A weak enhancement due to delayed filling is seen in the false lumen (FL). The true lumen (TL) is compressed.

This case demonstrates that aortic dissection, which is not so rare and is a life-threatening condition, can be totally asymptomatic. A new aortic regurgitant murmur should raise the index of suspicion and prompt investigation.

TEE = transesophageal echocardiography

References

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There are three ingredients to the good life: learning, earning, and yearning

Christopher Morley (1890-1957), American writer