

Case 2

37 year old male patient

➤ Present illness :

Central chest pain for 6hrs

➤ History of present illness:

Squeezing type of central chest pain, radiating to neck, increases during breathing, associated with sweating.

No cough.

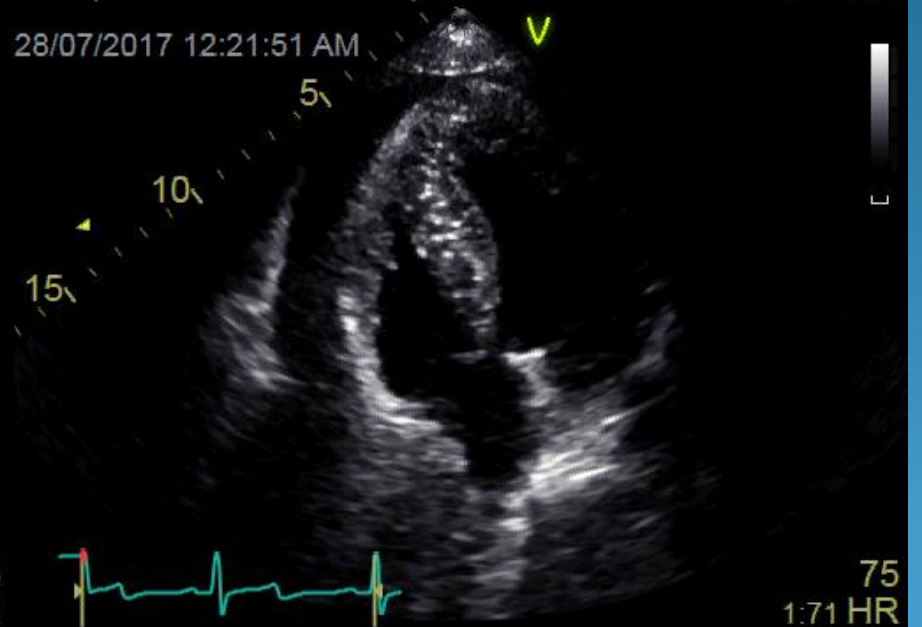
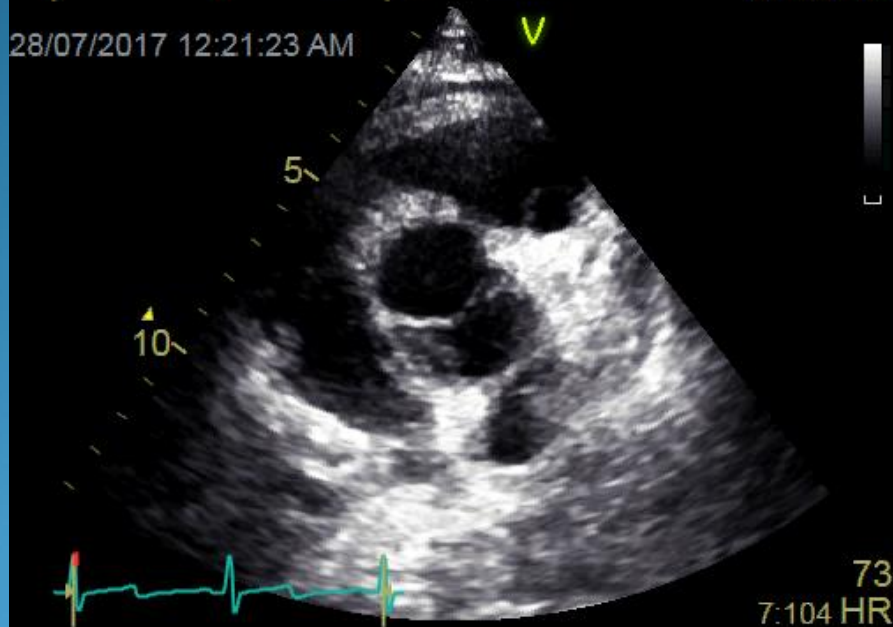
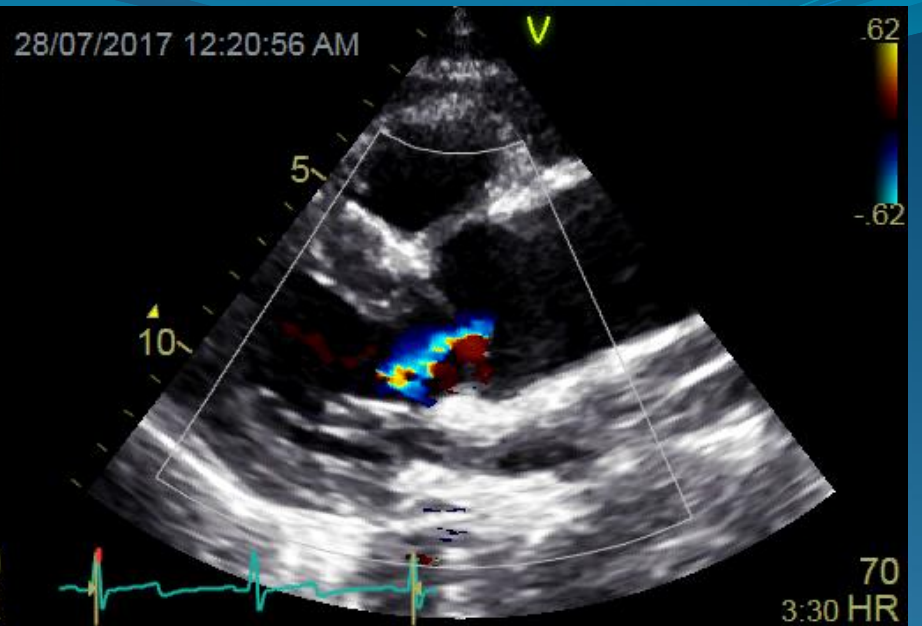
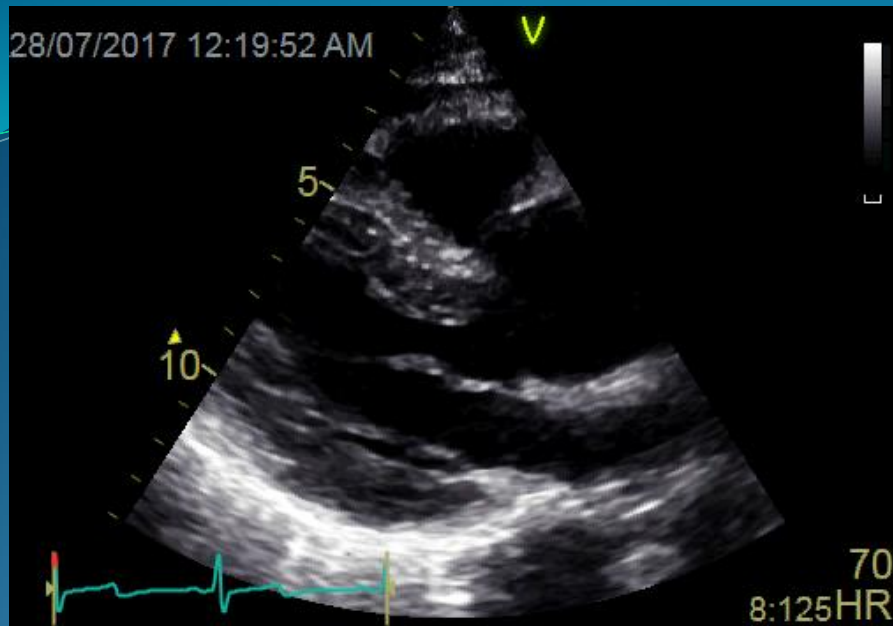
➤ Past Medical History : None

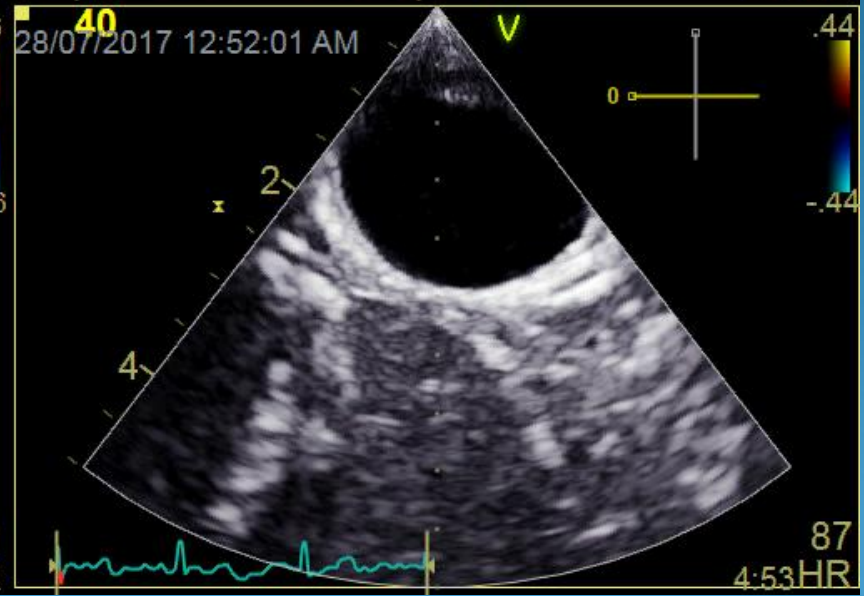
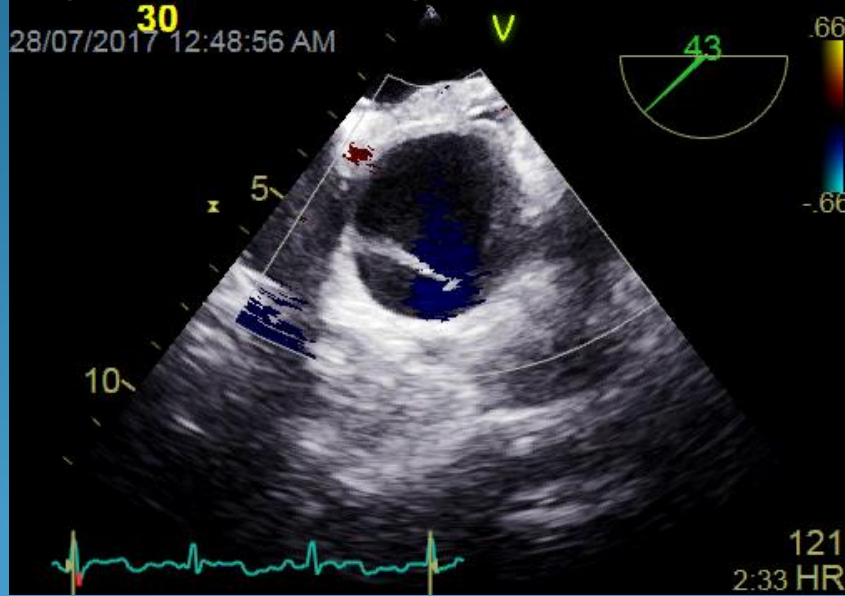
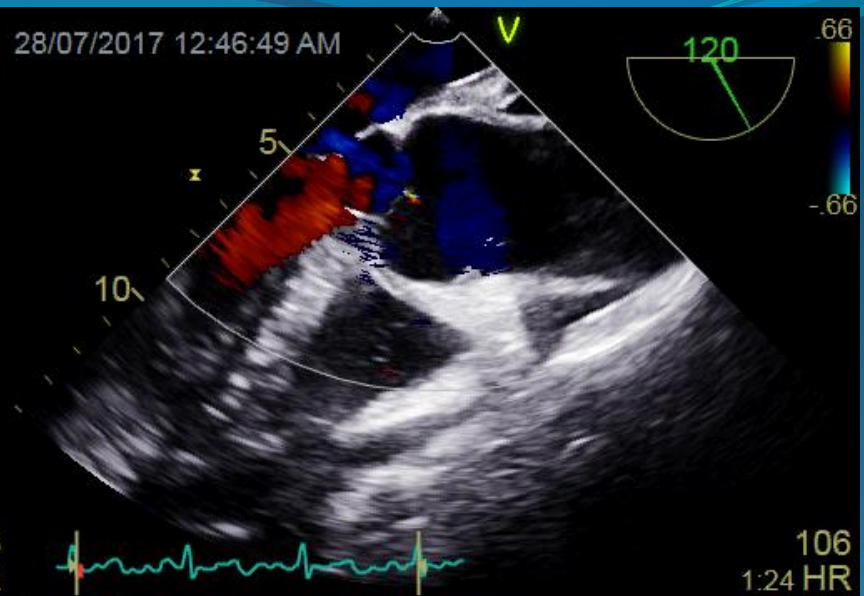
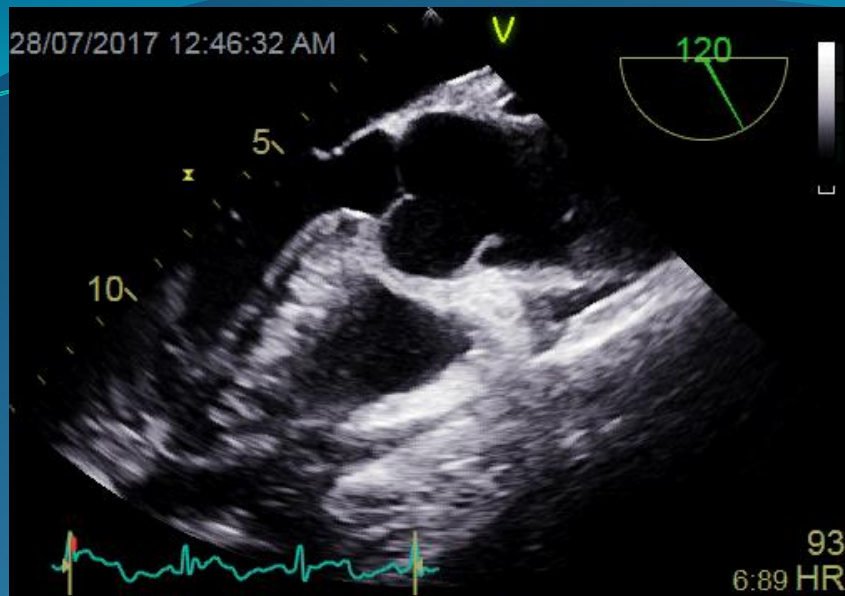
➤ patient received Aspirin from ambulance

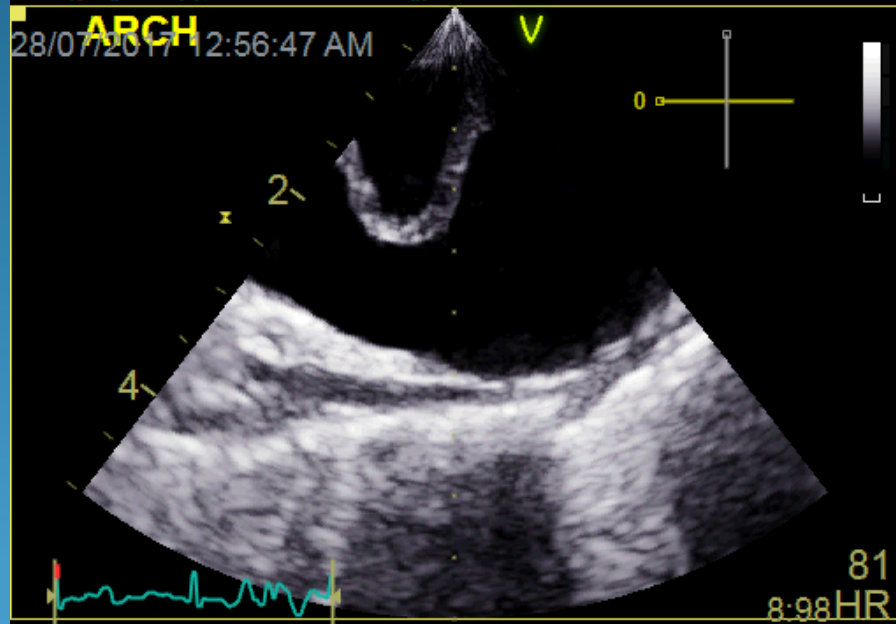
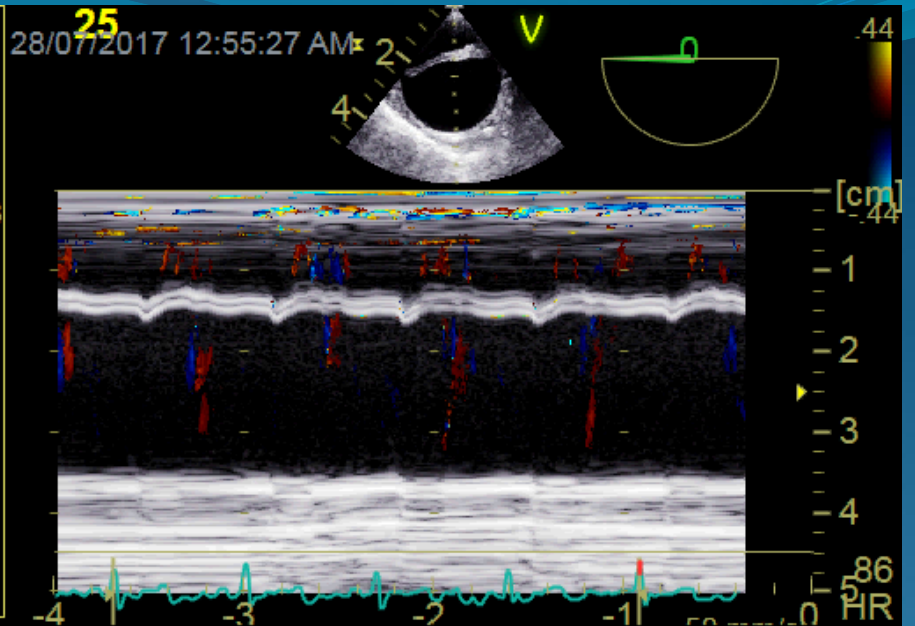
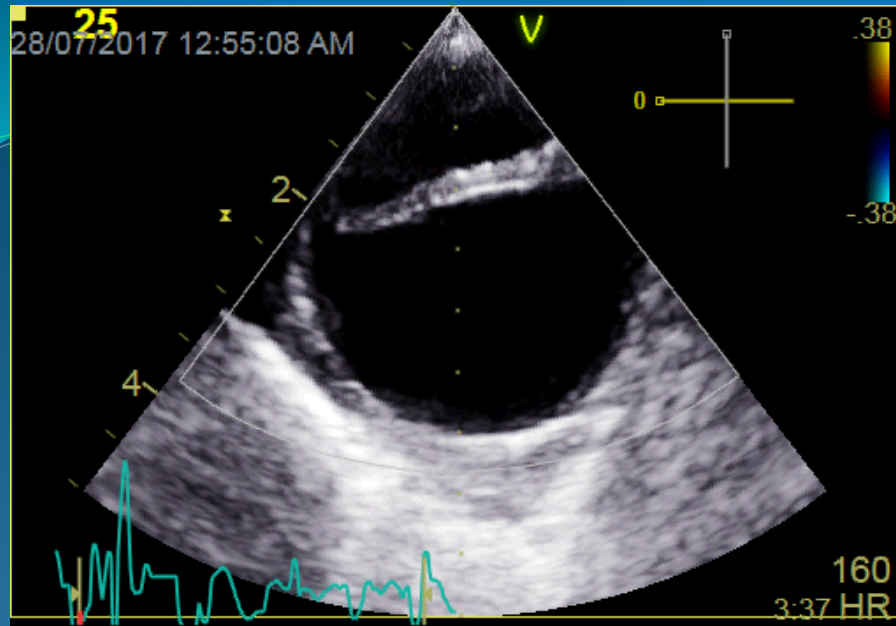
➤ Vital signs:

Temp : 36.5 °C (Oral) RR: 20 BP: 131/103mmHg

SpO₂: 100%







CT aortogram:

1. Aortic dissection (Stanford type A)
2. Cardiomegaly
3. Aorta is ectatic with the ascending aorta measuring approximately 4.2 cm in maximum diameter
4. Atherosclerotic aortic wall calcification is noted
5. Relatively high density fluid (40HU) is noted in the pericardial sac - likely hemorrhage, suggesting possibility of cardiac tamponade.

Needs clinical correlation.

Operative notes:

Findings :

Type A aortic dissection starting from just superior to the sino-tubular junction more toward left coronary ostium and extended into the arch and descending aorta.

A 32 mm hemashield tube graft for grafting

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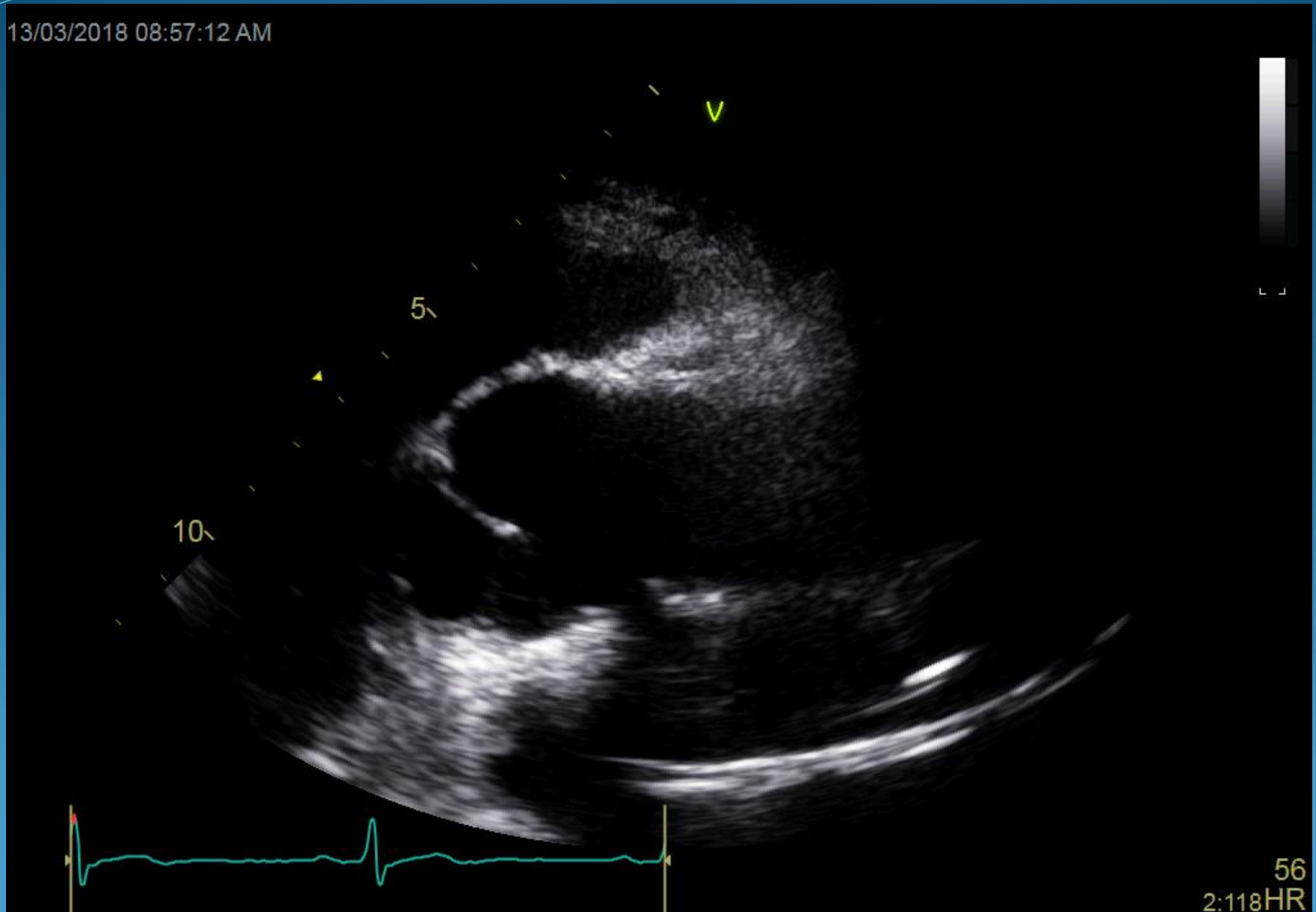
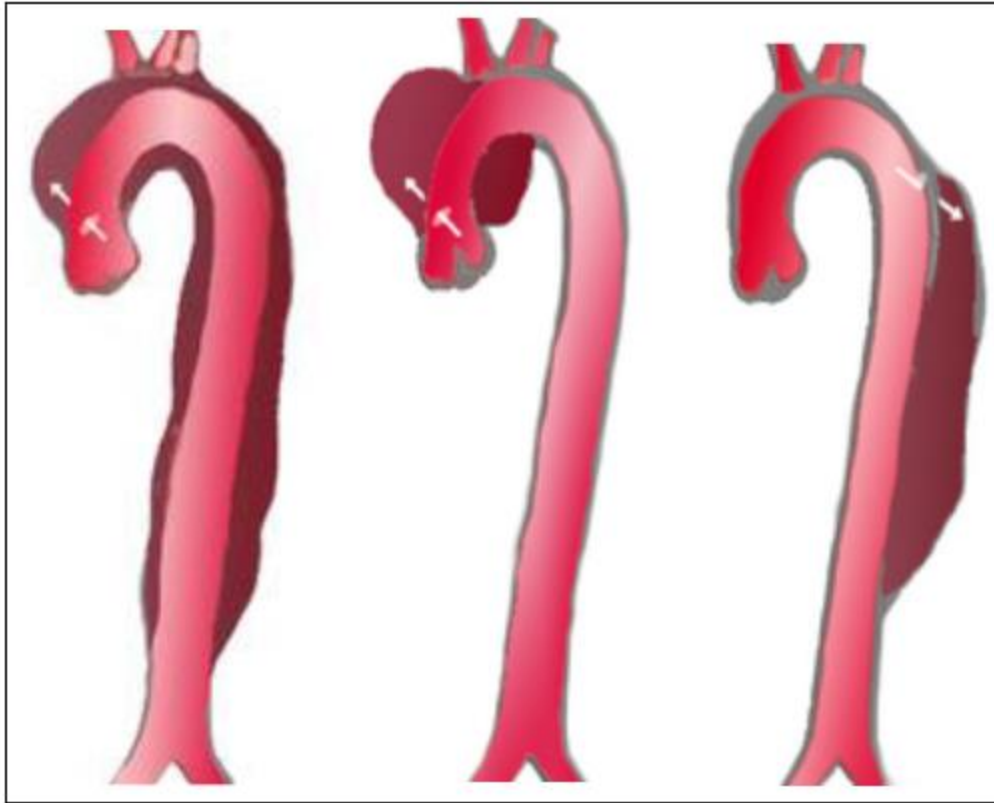


Fig. 1 Common classification systems of aortic dissections: Stanford and DeBakey.



Area	60%	10-15%	25-30%
Type	DeBakeyI	DeBakeyII	DeBakeyIII
Type	Stanford A (proximal)		Stanford B (distal)

Suspected aortic dissection

Immediate TTE

High -risk features

- Pericardial effusion
- RWMA
- Dilated root
- AR

Or confirmed dissection

Transfer to C-T unit

No high-risk features

TEE or CT or MRI

- Availability
- Expertise
- Hemodynamic stability
- Monitoring /critical care
- Coronary angiography
- Abdominal pathology

TEE in CCU or cardiac OR

Type A dissection or IMH

THANK YOU