Seeing the Invisible: A Case of Painless Aortic Dissection with Syncope in a Young Patient in the Emergency Setting

Görünmeyeni Görmek: Acil Servise Senkop ile Başvuran Ağrısız Aort Diseksiyonlu Genç Olgu

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A 48-year-old man was admitted to the emergency service with a complaint of dizziness in the last 2 days and has syncope. He had no history of diabetes mellitus, coronary artery disease, dyslipidaemia, or connective tissue disease and was under antihypertensive medication for 2 years. His arterial blood pressure was 80/40 mmHg and pulse 120 beats/minute with regular rhythm. His whole blood count revealed leucocyte 9580/mm^3, haemoglobin 7.7 g/dl, haematocrite %22.7, urea 24 mg/dl, creatinin 3,19 mg/dl, alanin transaminase 188 U/L, aspartate transferase 320 U/L and cardiac markers

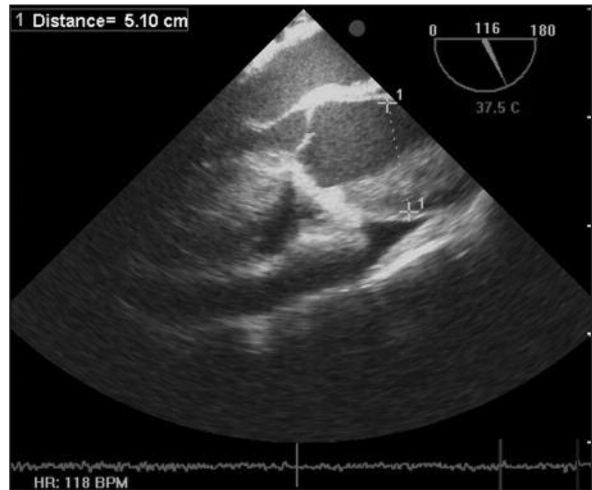

FIGURE 1: Transoesophageal echocardiographic view of ascending aorta with a thrombus in the lumen.

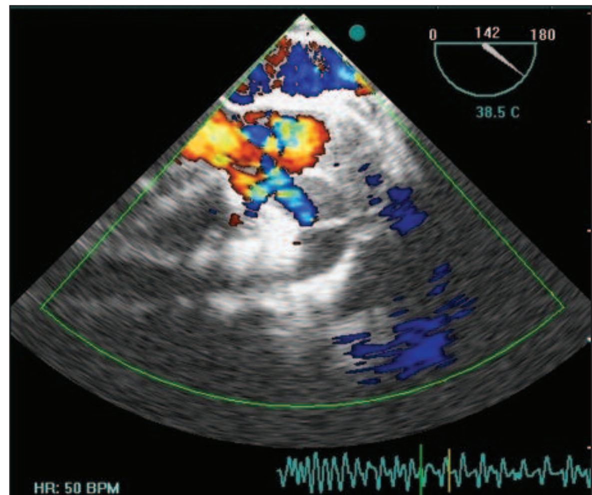

FIGURE 2: Transoesophageal echocardiography color Doppler showed flow codes at the site of the intimal tear.

were within normal range. Electrocardiography showed sinuse rhythm with a heart rate of 125 beats/minute. On echocardiographic examination ejection fraction of 60% with a moderate pericardial effusion, mild (2nd degree) degree aortic regurgitation, dilatation of ascending aorta with a diameter of 51 mm and no local wall motion abnormalities were seen. The patient was admitted to the cardiology ward with the diagnosis of "pericardial tamponade". Transoesophageal echocardiography was planned for further evaluation of acute aortic dissection. Transoesophageal echocardiography demonstrated a dissection flap beginning at the root of the ascending aorta as well as a dilated (51 mm) ascending aorta with thrombus in lumen (Figure 1). Color Doppler showed flow codes at the site of the intimal tear (Figure 2). The patient was operated as in case of emergency and however, he had sudden cardiac arrest in the intensive care unit and died on the postoperative second day. The "classic" pattern of pain is the presenting symptom in over 90% of patients, with fewer than 10% presenting with atypical symptoms in aortic dissection.[1] Syncope secondary to acute aortic valve regurgitation, facial swelling mimicking superior vena cava obstruction, coma, stroke, consumptive coagulopathy, gastrointestinal haemorrhage, and aorto-right atrial fistula may also are acute manifestations of aortic dissection.[1] Syncope is rare as the first symptom of acute aortic dissection. The presented case is about a painless acute aortic dissection with syncope is the first symptom in a young patient.

REFERENCE

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