Clinical Image

Aortic dissection complicating carotid dissection and myocardial infarction

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Clinical image

A 58-year-old hypertensive man presented to our institution with acute chest pain and dizziness. Electrocardiogram revealed inferior wall myocardial infarction with suspected right ventricular involvement (Figure 1A). Computed tomographic aortography (CTA) depicted ascending aortic dissection (AAD) with involvement of bilateral carotid, subclavian, and right common iliac arteries (Figure 1B). Replacements of aortic valve and ascending aorta with CABG (Ao-RSVG1-LAD and Ao-RSVG2-RCA) were conducted.

There are 5% - 8% of ST-segment elevation and 15% - 41% with dissection of the common carotid or subclavian artery in AAD [1-3]. CTA is a mandatory tool to confirm the diagnosis of AAD and its involvement [1]. Point-of-care ultrasound is an alternative tool to diagnose AAD if it is contraindicated or not available. AAD with involvement of coronary artery will lead to poor prognosis if delay intervention [1].

Consent

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References