

# Aortic dissection: an atypical presentation

## *Disección aórtica: una presentación atípica*

Male, 48 years old, caucasian, smoker. Personal history: hypertension, costal trauma 3 months ago; chest pain after effort, compatible with unstable angina, having performed catheterization (without intercurrents) that did not reveal alterations, 1 month ago; respiratory infection treated with levofloxacin 2 weeks ago.

He went to the emergency department due to asthenia, edema of the lower limbs (lls) – more predominant in the right –, nocturnal sweating over the last 3 weeks, non-painful violaceous macular lesions, poorly delimited, variable-sized, and paresthesias in the toes which started recently. Medical examination: exophthalmia, cutaneous pallor, slowed speech, cardiac auscultation with aortic systolic murmur III/VI, lls already described; radial, femoral and popliteal pulses present and symmetrical; stable and normal vital signs.

Analytically: macrocytic anemia, thrombocytopenia, acute renal injury, negative infection parameters. A biopsy of the cutaneous lesions was performed, showing histology compatible with lesions secondary to vascular disorders. Venous and arterial Doppler echocardiography of the lls did not present alterations. The computed axial tomography (CT) of the thorax disclosed pleural effusion and hepatomegaly. The echocardiogram showed enlargement of the cardiac, aortic root and ascending aorta; left ventricle with depressed systolic function, ejection fraction of 41%; aortic valve of tricuspid morphology without coaptation of the cusps, conditioning severe insufficiency. After aortic insufficiency diagnosis, the patient did AngioTC, which revealed aortic dissection Type A (AAD), involving the abdominal aorta until slightly below the renal vessels, without involvement of the iliac artery, supraortic trunks or abdominal aortic derivatives. The patient was transferred to a center with cardiothoracic surgery for aortic replacement and valvular repair.

The incidence of aortic dissection is 3 to 6 per 100,000 person-years<sup>1-3</sup>, it's more common in males between 40 and 70 years old. Stanford's AAD is characterized by involvement of the ascending aorta.<sup>1</sup> Typically, the symptoms presented are intense retrosternal pain, arterial hypertension and asymmetry of the peripheral arterial pulses, however other signs and symptoms may be present: syncope, dyspnea, hemoptysis, hemiplegia. Murmur of aortic insufficiency is common in AAD.

In the case presented, the absence of typical symptoms delayed the diagnosis. Symptoms as fatigue, lls edema, cutaneous lesions, aortic murmur and comorbidities of the patient were important for the diagnosis.

The treatment of AAD is surgical. Mortality is about 90%, being higher than 50% in the first 48 hours. In the postoperative period, mortality in the first month decreases to about 30 %.<sup>2,3</sup>

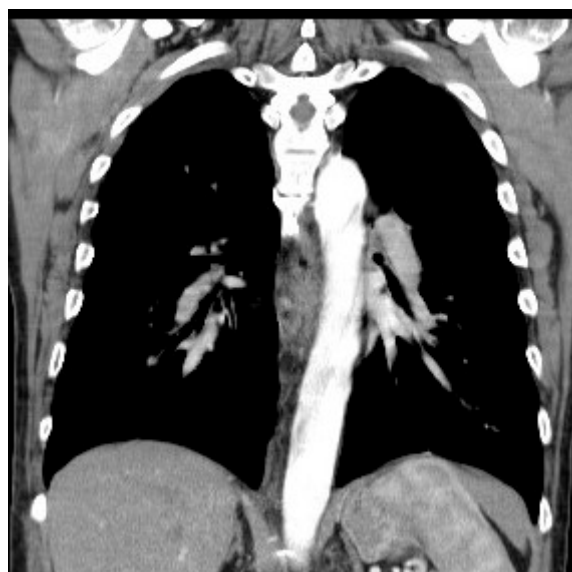
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Fig. 1. Violaceous macular lesions not painful in the lower limbs



Fig. 2. Computed angiotomography: aortic dissection Type A, involving the abdominal aorta until slightly below the renal vessels



Diagnosis:

## An atypical presentation of Aortic dissection

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