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Case report: The role of MSCT in acute chest pain- Detection of aortic dissection mimicry and acute coronary syndrome

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Aortic dissection is a rare disease with fatal outcomes. Incidence of aortic dissection has recorded 5-30 cases per 1 million people per year in United States. Clinical symptoms usually mimic Acute Coronary Syndrome (ACS). The role of MSCT to describe incomplete triple rule out in acute chest pain clearly informs about the anatomy of coronary artery, aortic structure and anatomy of pulmonary artery. The main goal is to prevent misdiagnose and appropriate management and treatment of the underlying disease. We reported a case of Aortic dissection DeBakey type IIIb Stanford B. Male, 63 years old with chief complain of acute chest pain. At that time he was diagnosed as ACS. Detection of aortic dissection found incidentally when patient performed MSCT of coronary artery with incomplete triple rule out halpern, and then continues with MRI of aortic structure without contrast to find the entry tear side. Patients had appropriate management and treatment as aortic dissection; anti hypertension to control blood pressure and performed non-surgical intervention Thoracic Endovascular Aortic Repair (TEVAR).

Biography

Prafithrie Avialita Shanti is a former Resident at Department of Cardiology and Vascular Medicine, Faculty of Medicine, University of Indonesia. She has participated in ESC Congress as Cardiologist in 2015 and 2016. Her latest research was published in September 2014 in official Journal of the Indonesian Heart Association. She is also a member of several organizations such as Indonesian Heart Association, Indonesian Doctor Society and Indonesian Society Interventional Cardiology.

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