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Aortic aneurysm and acute dissection associated with atrioventricular block and acute coronary syndrome

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Acute aortic dissection (AAD) is a lethal and prevalent cardiovascular emergency. Atrioventricular conductivity disorders caused by coronary artery dissection involving AAD are rare. When it happens, both coronary arteries can be affected and acute myocardial infarction (AMI) is the most frequent clinical sign. Many deceased patients do not have the diagnosis confirmed until autopsy, and 85% receive the wrong therapy as a result of misdiagnosis. A 49-year-old male patient presenting prolonged, intense, sharp precordial pain radiating to his back, along with cold sweats, nausea and vomiting was admitted to the cardiac emergency service. Thoracic examination revealed normal bilateral breath sounds and a respiratory rate of 24 incursions/min (SpO2 97%). Cardiac auscultation revealed a regular, bradycardiac rhythm. There was a visible high-intensity pulsation in the suprasternal notch, a diastolic murmur audible on the aortic focus, and a fourth heart sound on auscultation. After stabilization, a hemodynamic evaluation was run for urgent catheterization that showed an aortic dissecting aneurysm and a right coronary false lumen area. The patient was diagnosed with Stanford type A AAD, concomitant complete atrioventricular block, and impairment of the right coronary artery, progressing to acute coronary syndrome and spontaneous rupture of the aortic aneurysm. The patient was transferred to urgent surgical treatment and died during surgery. Physical examination is essential to disregard AAD as the main cause of AMI. The consequences of a misdiagnosis can be fatal if thrombolytic or anticoagulant therapy is chosen as the initial treatment; therefore, surgery is the best treatment for aortic dissection.

Biography

Rebecca Perez de Amorim is a Medical school student at the University of the State of Pará in Brazil. She assists Doctor Moacyr Magno Palmeira in his researches.

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