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Interesting case presentation in aortic dissection

Mridula Dhakad
Saudi German Hospital, UAE

Aortic dissection has varying presentations. This disease entity can mimic other acute emergencies posing a diagnostic dilemma. There should be high index of suspicion in diagnosing aortic dissection in patients of all ages. With newer advanced modalities of diagnosis and the risk score algorithms, the clinical outcome of an otherwise catastrophic disease has improved to a great extent. All the patients of collagen disease, bicuspid aortic valve, coarctation of aorta, uncontrolled HT and unexplained AR should be thoroughly evaluated. This interesting case of a 73 year old elderly gentleman presented with sudden onset chest discomfort radiating to the jaw with a short episode of sudden shortness of breath. The physical examination was unremarkable with stable hemodynamics and well felt peripheral pulses with no discrepancy. His D dimers were found to be markedly elevated with raised serum creatinine. The cardiac enzymes were normal. ECG was not indicative of myocardial ischemia. Echo showed minimal AR, mild anterolateral pericardial effusion with good LV systolic function and PA pressure of 32 mm Hg. He was hyper-tensed on medication with history of CVA 3 years ago and was on Warfarin since then. He remained stable hemodynamically for the initial 24 hours after admission, later he developed atrial fibrillation with controlled ventricular response. Owing to renal dysfunction, instead of pulmonary CT angiography, VQ scan was done to rule out pulmonary embolism. It revealed multiple perfusion defects in both lung fields. Simultaneous repeat echocardiography revealed increase in grade of AR to more than 1/4 and mild increase in PE with echogenicity seen within the effusion behind RV (possibly blood). CT chest was immediately performed which clinched the diagnosis of type A aortic dissection. He was immediately referred to the cardiac surgeon who did emergency surgical correction with successful recovery.

Biography

Mridula Dhakad is a senior interventional Cardiologist with more than 25 years of experience in Interventional and Clinical Cardiology. She has actively participated in many national and international conferences. She has been extensively involved in treating many complex and critical cardiac patients. She has received her interventional training at well reputed large public and private hospitals. She did her fellowship in Interventional Cardiology at a world renowned large volume centre at Paris. She was instrumental in establishing Cardiology department at various reputed institutions. She is an active member of European Society of Cardiology and a life member of Cardiology.

mriduladhakad@yahoo.com

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