

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%

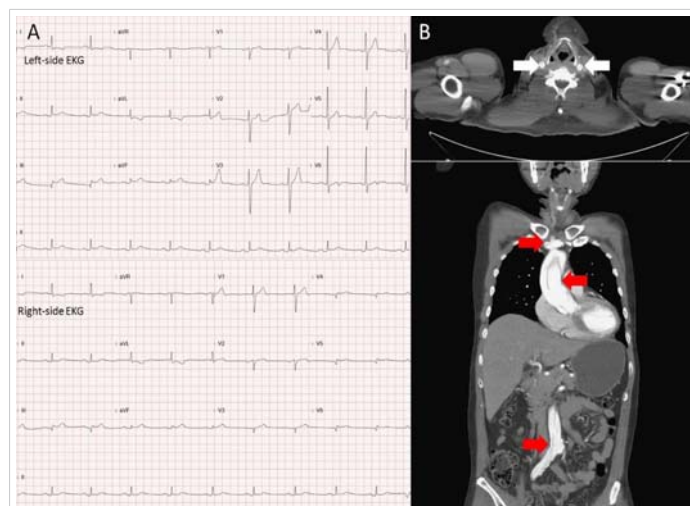


Figure 1: Left-side electrocardiogram (EKG) revealed ST-segment elevation in II, III, and aVF, with reciprocal changes in I and aVL, disclosing inferior wall myocardial infarction. Right-side (EKG) showed ST-segment elevation in V4, disclosing right ventricular involvement (Figure 1A). The axial and coronary views of computed tomographic angiography demonstrated dissection of bilateral carotid arteries (white arrows in Figure 1B) and dissection of ascending aorta with extending to subclavian and right common iliac arteries (red arrows in Figure 1B).

More Information

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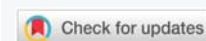
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with dissection of the common carotid or subclavian artery in AAD [1-3]. CTA is a mandatory tool to confirm the diagnosis of AAD and its involvement [1]. Point-of-care ultrasound is an alternative tool to diagnose AAD if it is contraindicated or not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

Consent

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