
Aortic Dissection Only Confirmed By A Transesophageal Echocardiography

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Citation

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Abstract

This is a case report about a 46-year-old male with a history of dilated cardiomyopathy and hypertension. A transesophageal echocardiogram revealed the presence of moderate aortic insufficiency and a long descending aortic dissection with very clear delineation of a small true lumen communicating with the spontaneous contrast swirling in a large false lumen.

CASE REPORT

This is a case report about a 46-year-old male with a history of dilated cardiomyopathy and hypertension. He presented with shortness of breath for three weeks, but denied any chest pain. He had a soft diastolic murmur over the left sternal border, a leftward displaced apex, and an S3, but the rest of his physical exam was normal, with equal pulses bilaterally. A 12-lead electrocardiogram showed normal sinus rhythm at 60 and non specific ST-T changes. Computed tomography of the chest, initially ordered to rule out pulmonary embolism, raised the suspicion of an incidental possible aortic dissection. Magnetic resonance

imaging of the thorax with and without contrast showed a dilated aortic arch of 5 cm in diameter, but was not conclusive either. A transesophageal echocardiogram revealed the presence of moderate aortic insufficiency and a long descending aortic dissection with very clear delineation of a small true lumen communicating with the spontaneous contrast swirling in a large false lumen (video clip 1).

Video clip 1: Transesophageal echocardiogram in real time, showing aortic dissection with clear delineation of a small true lumen (right) communicating with the spontaneous contrast swirling in a large false lumen (left).

References

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