

Görüntülü olgu örnekleri

Case images

Thrombosed aortic dissection in an asymptomatic elderly patient

Asemptomatik yaşlı bir hastada tromboze aortik diseksiyon

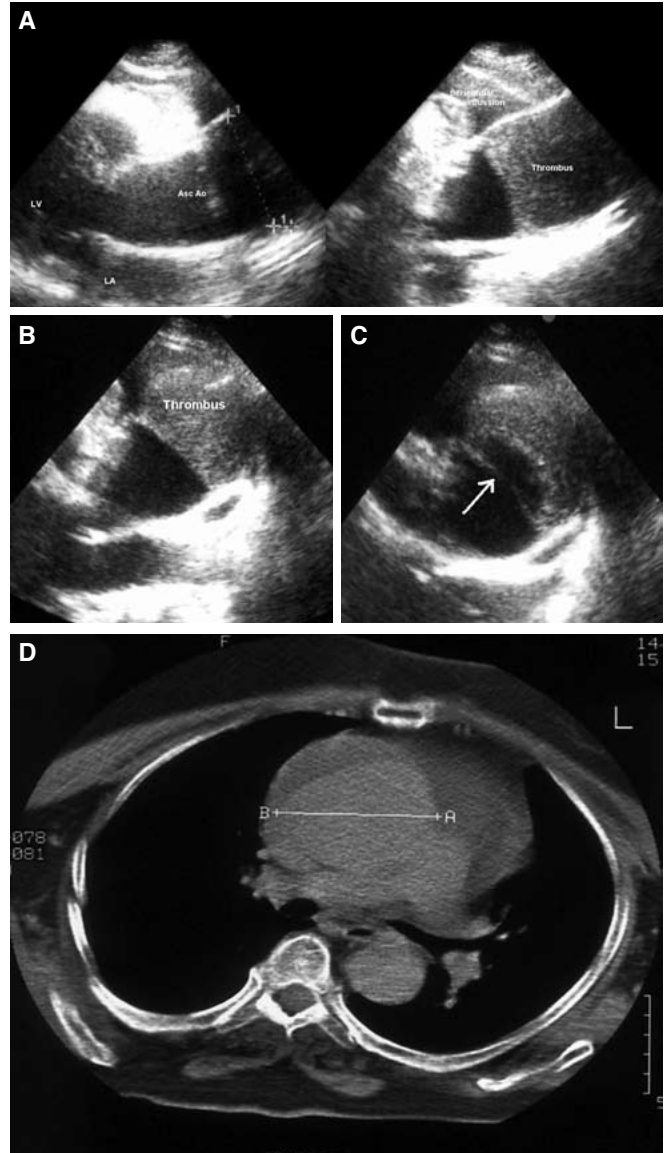
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A 76-year-old asymptomatic hypertensive woman was examined by transthoracic echocardiography for evaluation of mediastinal widening noted on her telecardiogram. The parasternal long-axis views showed a dilated aorta and a thrombus image in the ascending aorta (Fig. A). The modified parasternal short-axis views also showed a crescent-shaped (Fig. B) and ulcer-like (Fig. C) thrombosed pseudolumen of the

ascending aorta. A plain chest computed tomography scan confirmed the presence of a thrombosed Stanford type A aortic dissection (Fig. D). Surgical repair was not considered because of the high operative risk. During a four-month follow-up, the patient remained asymptomatic, but then was lost to follow-up.

The conventional echocardiographic criterion to identify an aortic dissection with a completely thrombosed false lumen is the separation of the intima from the layer of thrombus; however, it is not always easy to distinguish it from a true aortic aneurysm with mural thrombus. In thoracic aortic dissections with a completely thrombosed false lumen, the inner intimal surface has a smooth appearance, and a crescent-shaped thrombus may appear inside the wall surface.



Figures. The parasternal (A) long-axis and (B, C) modified short-axis echocardiographic, and (D) plain chest computed tomographic views showing the dilated aorta (A and D) and, the crescent-shaped (B) and ulcer-like (C) thrombosed pseudolumen of the ascending aorta.