CLINICAL IMAGES

Aortic dissection

Mohammed Amin Simbli, M.D., Jamal Saleh Al-Wakeel, F.R.C.P. (C), A.B.I.M.

Division of Nephrology, King Khalid University Hospital, King Saud University, Riyadh, Saudi Arabia.

FIGURE 1. Aortic dissection extending from aortic root all along ascending aorta, descending aorta sparing renal arteries.

A 54 year man from Sri Lanka, presented to the emergency department of a university hospital, in Riyadh with severe retrosternal chest pain of one day duration. This was associated with nausea, sweating, palpitations and shortness of breath which happened one day after reaching Saudi Arabia. He was a heavy smoker and hypertensive for last ten years, on irregular treatment.

Examination revealed patient was hypotensive, with

variable blood pressure in each arm. Base line CBC: HGB 13gm/L, WBC 10.0, platelet count 153×10^9 , Urea 5.7mmol/L, creatinine $76 \mu\text{mol/L}$, Glucose 5.5mmol/L, bilirubin $17 \mu\text{mol/L}$, AST 40U/L, and ALT 45U/L. Baseline cardiac enzymes were elevated. On follow up, CBC showed leukocytosis, grossly elevated, urea, creatinine and very high liver enzymes (due to persistent cardiac shock). There was strong clinical suspicion of aortic dissection, which was confirmed by CT angiography; showing aortic dissection extending from aortic root all along to ascending aorta, descending aorta (sparing renal arteries), and extending to both iliac arteries (Figure 1). Patient underwent aortic root resection and, anastomosis with mesh graft. Patient remained hemodynamically unstable and expired after three days of presentation due to multi-organ failure.

Correspondence:

Mohammed Amin Simbli, MD.

Division of Nephrology

King Khalid University Hospital, King Saud University.

Riyadh, Saudi Arabia.

E-Mail: dramin2004@rediffmail.com