

A Deceiving Aorta

Uma Aorta Enganosa

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An 82 year-old woman, with medical history of arterial hypertension, atrial fibrillation and hypothyroidism, was admitted for palpitations, dizziness, with increasing intensity of retrosternal pressure radiating to the jaw with onset 8 hours earlier. Physical exam suggested pulmonary and peripheral edema. Electrocardiogram displayed atrial fibrillation with rapid ventricular response and pathological Q waves in the inferior leads. Blood work exposed an acute renal injury. Transthoracic echocardiography (TTE) showed a *de novo* reduced left ventricular fraction ejection, without any wall motion abnormalities; normal aortic valve, dilated aortic root and severe dilatation of the ascending aorta (54 mm). Transesophageal echocardiography (TEE) revealed a dissection flap about 5 cm above the aortic valve, without aortic regurgitation. Computer tomography (CT) exposed an aortic pseudoaneurysm sac of 63 to 45 mm on the aortic anterior wall, partial thrombosed, excluding an ascending aortic dissection.

There are very few clinical reports of aortic pseudoaneurysm

mimicking aortic dissection. TTE and TEE combined have high sensitivity and specificity to identify aortic aneurysm. Nevertheless, an artefact or abnormality within the aortic lumen can deceive the operator. CT is the gold standard and, in this case, was a clarifying exam, exemplifying the importance of multimodality imaging techniques.

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Conflicts of interests

None of the authors have any conflict of interest to declare.

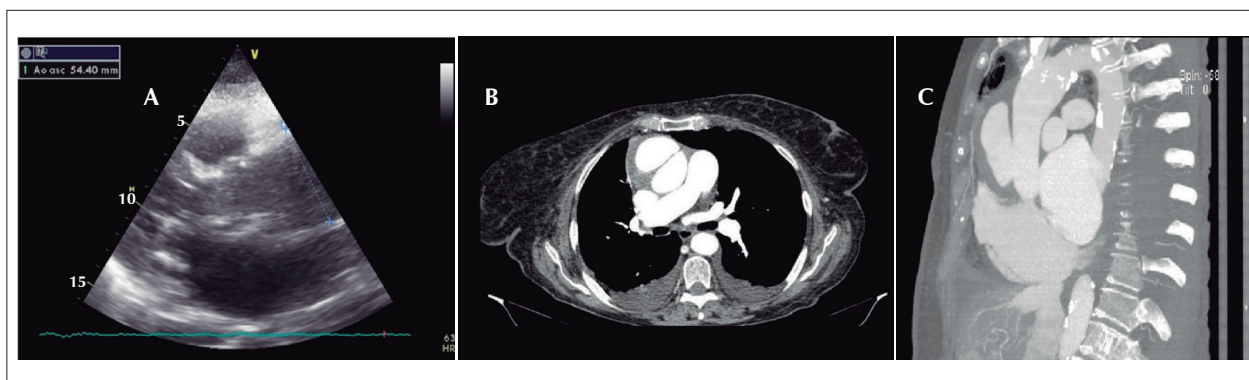


Figure 1 – Transthoracic echocardiography showing severe dilatation of the ascending aorta (panel A); computed tomography angiography revealing aortic pseudoaneurysm sac (panel B and C).

Keywords

Aortic Aneurysm; Aortic Dissection; Transthoracic Echocardiography; Tomography.

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Authors' contributions

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