PP119 DETECTION OF DISSECTING AORTIC ANEURYSM VIA BEDSIDE ULTRASOUND

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INTRODUCTION

Aortic dissection is defined as separation of layers within the intimal wall. Often presents as chest pain, shortness of breath, vomiting and acute haemodynamic compromise. We present a case of aortic dissection which was detected by using a bedside Ultrasound (US)

CASE REPORT

A 65 years old men underlying hypertension and ischaemic heart disease. Referred from health clinic for acute myocardial infarction. Presented with left shoulder pain since one-week, abdominal pain which resolved by itself and fever for one day. Denies chest pain, shortness of breath or vomiting. Patient was alert and conscious. Per abdomen revealed a pulsatile mass at the epigastric area. Other findings were normal. Electrocardiogram at emergency department showed ST elevation lead II, III, AvF, V2-V5. No ST elevation seen on posterior electrocardiogram. Chest x-ray was done which showed widened mediastinum and left pleural cap. Bedside echocardiography & abdominal US was performed and showed a dilated thoracic and abdominal aorta with an intimal flap. CT angiography was done and findings suggestive of Stanford type B thoracoabdominal aortic dissection. Presence of dissection within the proximal part renal artery and both common iliac arteries. Patient's was maintained on labetalol intravenous infusion.

DISCUSSION AND CONCLUSION

Aortic dissection is a life-threatening condition. Using ultrasound to differentiate a true myocardial infarction or if it is secondary to aortic dissection is important. Thus, in a experienced hand, bedside ultrasound may be beneficial in detecting a dissecting aortic aneurysm.