PP083 AORTIC DISSECTION: THE GREAT MASQUERADER, CATCHING THE TAIL WITH FOCUSED CARDIAC ULTRASOUND

Othman N.N[1], Mustapa A.J[1], Kamarudin H[1], Ismail S.A[1]

[1]*Emergency and Trauma Department, Hospital Teluk Intan*

INTRODUCTION

Aortic dissection is often misdiagnosed, especially among young healthy patients, and it is associated with a high mortality rate. It is most commonly associated with connective tissue disorder (Marfan Syndrome, Ehler Danlos Syndrome), cardiac valve anomalies, previous cardiac surgery and trauma. We hereby present a case of a young male patient, without any predisposing factors, who developed an aortic dissection

CASE PRESENTATION

A 30-year-old male with no comorbid presented to emergency department with syncopal attack at home preceded by sharp central chest pain and difficulty in breathing. On arrival, he was hypotensive, tachycardic with no features of Marfan syndrome and weak pulse volume with bilateral radio femoral delay. ECG showed sinus tachycardia, LVH and old inferior infarct. Chest radiography showed no widening of mediastinum. He was diagnosed as Cardiac syncope initially however Focused cardiac ultrasound noted blood clots in d pericardial space with pericardial fluid and dilated aortic root measuring 5.2cm. Hence, he was proceeded with CT thorax and revealing dissecting ascending aortic aneurysm (Stanford A).

DISCUSSION AND CONCLUSION

Acute aortic dissection is a rare clinical entity that mainly affects patients older than 50 years. It has to be noted that acute aortic dissection in a young patient is an extremely rare disease and it is known as 'Great Masquerader' that mimic ACS, CVA, GI/extremity symptoms**.** Therefore, we must emphasize the importance of maintaining a broad differential diagnosis and use of focused cardiac ultrasound can be an excellent tool to help in making diagnosis.