

PP055 WAVE TO YOUR DIAGNOSIS WITH INSONATION

Leong Wei Fai¹, Balarajan Nagaraja¹
Ramzuzaman Ismail¹ Chan Pei Fong¹

¹ *Emergency and Trauma Department, Hospital Raja Permaisuri Bainun*

especially in those patients that come with atypical presentations.

INTRODUCTION

Insonation was introduced as a fifth pillar of physical examination which can diagnose pathology through imaging and lead us to the lethal mimicker of aortic dissection with cardiac tamponade.

CASE REPORT

A 55 years old gentleman with underlying hypertension, presented with sudden onset of left lower limb weakness. On arrival in emergency room, patient was alert with vital signs within normal range. Examination of left lower limb revealed acute ischaemic limb with non-palpable pulses of the femoral, popliteal, and distal pulses. Point-of-care ultrasound showed intimal flap at abdominal aorta and cardiac tamponade. Pericardiocentesis was done under ultrasound guidance. CT Angiography showed extensive long segment aortic dissection from root of ascending aorta

until left common iliac artery (Stanford A classification). Patient eventually succumbed to disease.

DISCUSSION

The diagnosis of aortic dissection requires a high index of suspicion as it can present in many ways such as stroke, myocardial infarction and acute ischaemic limb. Additional use of insonation will lead us to the actual diagnosis and pericardial effusion which is the most common complication in patients with Stanford type A aortic dissection. Bedside ultrasound can give us direct and indirect signs of aortic dissection which shortens the time to diagnosis.

CONCLUSION

Point of care ultrasound is a helpful rule-in tool for aortic dissection