

**PP028 A TALE OF A TORN
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Kapit***INTRODUCTION**

Acute Aortic Dissection (AoD) is rare occurring between 5 to 30 per million person per year (Manfredini et al, 2004). It is even rarer in adolescents below 21-year-old

CASE REPORT

A 14-year-old Iban boy with childhood asthma, presented in cardiac arrest. Patient was brought in unconscious and gave history of consuming alcohol 6 hours prior to presentation, subsequently complained of back pain, restlessness and inability to lie flat. He developed jerky movements of both upper and lower limbs prior to arrival in ETD. Upon arrival, patient was pulseless and cardiac monitor showed PEA. CPR was commenced immediately and ROSC achieved after 22 minutes. Bedside ultrasound revealed classic intimal flap on transverse view of the aorta. Urine toxicology was positive for amphetamine and methamphetamine. During second cardiac arrest, right chest tube inserted and drained out 1.9 litres of fresh blood. Patient was resuscitated but succumbed after 40 minutes. Postmortem examination revealed hematoma surrounding entire aorta with 0.2mm tear near the left subclavian artery.

DISCUSSION

The causes of AoD are often related to trauma and congenital abnormality such as Marfan syndrome, congenital heart diseases in which were absent in this patient. There are studies that shows the occurrence of AoD due to hypertensive crisis secondary to amphetamine and methamphetamine ingestion. However, as our patient was

persistently hypovolemic, we can only postulate this as the possible cause in our patient.

CONCLUSION

AoD can occur in any age and presence of aggressive resuscitation with high expertise still reveals a high mortality rate (Hagan et al, 2000). As a district hospital with limited resources and isolated from tertiary hospitals by distance, the chance of survival reduces further. Hence prevention of AoD by preventing drug abuse is still the best option.