

## **P122 TICKING TIME-BOMB: DIAGNOSTIC STRATEGY OF AORTIC DISSECTION**

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### **INTRODUCTION:**

Aortic Dissection is a frequently misdiagnosed life-threatening condition that requires a high index of suspicion and awareness of the variety and subtlety in clinical manifestations. In atypical presentations such as reported below, it is demonstrated that the sensitivity of bedside FOCUS is higher in expediting the diagnosis compared to traditional textbook chest x-ray findings.

### **CASE REPORT:**

A 61 year old gentleman with no known medical illness had presented to ED complaining of chest discomfort that is difficult to describe. On further probing, he describes the pain to be somewhat ripping in nature, non-radiating, not associated with autonomic symptoms and volunteered a history of right lower limb cramps. Patient was triaged to yellow zone as he was normotensive with a misleading normal heart rate and comfortable general appearance. In yellow zone however, he began perspiring with coolish peripheries, but normal capillary return and good pulse volume. There was no murmur, radioradial or radiofemoral delay. ECG showed sinus arrhythmia and cardiac biomarkers were normal while erect chest x-ray showed no obvious mediastinal widening and fairly normal aortopulmonary window. A bedside FOCUS, however, revealed a dilated aortic root at 4.2cm and a CT Angiography was requested on that grounds, unveiling Stanford A Aortic Dissection. Patient was referred to the surgical team and transferred to a cardiothoracic facility for urgent surgery.

### **DISCUSSIONS:**

A widened mediastinum is seen in 60-90% of aortic dissection cases, particularly with a predilection for Stanford A. This case illustrates the sensitivity of FOCUS as a point-of-care diagnostic modality overruling traditional chest x-ray findings. Recognition of not relying solely on chest x-ray as a single imaging modality to strengthen diagnosis, but rather to complement it with the readily available and non-invasive bedside ultrasound is critical in deciding to proceed with the gold standard CT Angiography.