Letters to the Editor

Aortic aneurysms may cause symptoms due to local mass effect and secondary compression of several adjacent structures. However, compression of the cardiac chambers is a consequence that is rarely discussed in the literature.

This article presents the case of a 61-year-old patient with a history of arterial hypertension who underwent surgery for deBakey type aortic dissection 9 years previously. The intimal rupture was located 1 cm above the coronary ostia and the dissection extended from the aortic root to the renal artery level. The intervention consisted of the positioning of a Dacron graft up to the brachiocephalic artery level, where both dissecting lumen were sealed, and aortic valve-sparing reimplantation. Following some complications during the postoperative period the patient was finally discharged and remained asymptomatic during subsequent follow-up visits. However, a series of image studies showed a progressive increase in the diameter of the descending thoracic and abdominal aorta up to level of the renal arteries. It was also observed that the residual dissection extended from the proximal aortic arch to the left external iliac artery. Although a second intervention was considered, its complexity and high surgical risk led the patient to decline future interventions for his aortic disease.

Nine years later the patient was readmitted to hospital due to acute chest pain. The image studies (Figure 1) showed an extremely dilated and tortuous descending thoracic aorta. In agreement with the patient and family, it was decided to maintain a conservative attitude. A few hours after his admission, the patient experienced a new episode of chest pain associated with severe persistent hypotension. A transthoracic echocardiogram was performed (Figure 2), which showed severe dilatation of the descending aorta (with a maximum aortic diameter of 108 ± 95 mm), as well as a chronic residual dissection, with a flap separating the true lumen from a crescent-shaped thrombosed false lumen in the transversal views. The echocardiogram also revealed that the descending aorta was compressing and completely obliterating the left atrium (Figure 2). The patient died not long after.

Figure 1. Chest X-ray (postero-anterior projection) showing that the descending thoracic aorta is extremely dilated and tortuous.
COMPRESIÓN EXTRÍNSECA DE AURÍCULA IZQUIERDA COMO PRESENTACIÓN INFRECUENTE Y FATAL DE DISÉCCIÓN AÓRTICA TIPO B: UTILIDAD DE LA ECOCARDIOGRAFÍA

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