An Incidentally Found Case of Multiple Localized Segmented Painless Dissections of the Descending Aorta Like Gnarled Tree

Satoshi Suzuki, Hitoshi Sugawara and Osamu Tanaka

Key words: localized aortic dissection, thoracic aortic aneurysm, abdominal aortic aneurysm

(DOI: 10.2169/internalmedicine.45.6061)

Figure 1. A contrast-enhanced aortic MDCT demonstrated four localized dissections of the descending and the abdominal aorta (Panel A; reconstructed coronal view to show all four dissections). Panels B to E are axial views of each aneurysm. The first segment was at the top of the aortic arch (Panel B), the second was located in the retro cardiac aorta (Panel C), the third was at the level of the diaphragm (Panel D), and the fourth was located below the renal arteries (Panel E). The largest was saccular in shape and 5-cm in diameter (Panel C).

A 62-year-old man, after surgery for esophageal cancer 4 years previously, came to the emergency room with dysarthria and right hemiparesis. Brain CT revealed left thalamic hemorrhage. A chest X-ray showed localized enlargement of the descending aorta. A contrast-enhanced MDCT demonstrated four localized aortic dissections (Fig. 1). The MDCT taken one year earlier showed no dissections, thus he had four aortic dissections within a single year. Most cases with spontaneous dissection of the aorta have either a causative event such as blunt chest trauma or some symptoms, and incidental discovery is rare. However, he had never had any symptom or blunt chest trauma at all. In an analysis from the International Registry...
of Acute Aortic Dissection of 977 patients, only 6.4 percent had no pain (1). Compared with painful aortic dissection, painless patients were slightly older (mean age 67 versus 62 years) and more often had a type A dissection (75% versus 61%). Also diabetes (10.2% versus 4.0%) and prior cardiovascular surgery (48.1% versus 23.2%) were more common in the painless group (1). Due to his acute cerebral hemorrhage, and the fact that the risks of surgery were considered to be high, priority was given to rehabilitation, blood pressure control, and close observation to detect further enlargement.

References