Aortic Dissection Presenting with Abdominal Pain

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A 70 year-old man admitted to emergency room with nausea-vomiting and severe abdominal pain. Rebound or defense was not present. Arterial blood pressure was 130/75 mmHg in both arms. ECG revealed ST depression in derivations AVL, D1, V4, V5, V6. Serum troponin level was 0.2 (reference value: 0-0.04 ng/mL). Because of the presence of leukocytosis (15,300/μL) and high C-reactive protein (11.6 mg/dL), computed tomography was performed and dissection of thoracic and abdominal aorta (antegrade type A) was observed (Picture 1, 2 ; arrows: intimal flaps). Dissection involved also the mesenteric arteries probably causing mesenteric ischemia. The patient was referred to the intensive care unit of the cardiovascular surgery department.

Aortic dissection has been known to be a rare cause of acute abdominal pain. Acute aortic dissection of the aorta is highly lethal, with a mortality of 1% to 2% per hour early after symptom onset (1). A high clinical index of suspicion is required so as to not overlook the diagnosis of aortic dissection.

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Reference