Total Occlusion of Aorta due to Aortic Coarctation

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Key words: aortic coarctation, interrupted aortic arch

(Intern Med 51: 985-986, 2012)

(DOI: 10.2169/internalmedicine.51.7068)

Picture 1.

Picture 3.

Picture 2.

Picture 4.

A 66-year-old man was referred to our hospital with dyspnea of 5 years. Femoral artery pulses were diminished. Aortic coarctation (Aoc) was suspected. Computerized tomographic angiography was performed which revealed occlusion of aorta just distal to the left subclavian artery.

Interrupted aortic arch (IAA) is a rare congenital disease

which is defined as luminal discontinuity of the aorta. Type A of IAA is an interruption just distal to the left subclavian artery (1, 2). The differential diagnosis between severe Aoc and IAA type A is difficult, however there are helpful imaging features which facilitate the differentiation (1). In IAA the ascending aorta has a smaller caliber (1), the great vessels may show a 'V' configuration on coronal images and

patent ductus arteriosus is the most common cardiovascular anomaly (2). In the present case the increased caliber of the ascending aorta, lack of V formation of great vessels, lack of PDA and presence of tissue between the proximal and distal lumen was concordant with Aoc.

The authors state that they have no Conflict of Interest (COI).

References

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