Aortic Dissection Induced by a Myocardial Infarction

Xin Jin¹, Sang-Hoon Seol², Ki-Hun Kim² and Doo-Il Kim²

Key words: aortic dissection, myocardial infarction, transthoracic echocardiography, computed tomography

(Intern Med 52: 1651-1652, 2013)
(DOI: 10.2169/internalmedicine.52.9498)
A 49-year-old man presented to our emergency room with a complaint of chest pain. Auscultation revealed holodiastolic murmurs at the left intercostal space. Electrocardiography was normal. The levels of creatine kinase (CK)-MB and troponin I were elevated. A chest X-ray indicated cardiomegaly. Transthoracic echocardiography showed an aortic root aneurysm with severe aortic regurgitation. The circumferential flap prolapsed into the left ventricle outflow tract (Picture 1A). The right coronary artery ostium was intermittently occluded by the prolapsing intimal flap (Picture 1B). Intimal flaps were also found in the aortic arch and abdominal aorta (Pictures 1C, 1D). Chest computed tomography revealed an aortic root aneurysm and an intimal flap extending from the aortic root to the abdominal aorta (Picture 2).

The patient underwent emergency surgery. After two weeks, the patient was discharged with a good recovery. A type A aortic dissection study revealed that only 5% of patients have acute myocardial infarctions with or without ST-segment elevation, and the mortality rate is 36% (1).

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

Reference