Abrupt Chest Pain in a Pregnant Woman

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A 31-year-old woman with no history of previous pregnancy-related complications presented at 34 weeks of gestation with sudden-onset chest pain. The findings of a physical examination were unremarkable, and no physical features of Marfan’s syndrome were detected. The patient’s blood pressure was 117/78 mmHg. Bedside echocardiography, electrocardiography and a chest X-ray showed no abnormalities. After considering the risks and benefits, we performed contrast-enhanced computed tomography, which revealed acute aortic dissection with an entry and re-entry at the distal site of the left subclavian artery (Picture A). Five hours later, the patient again experienced acute worsening of pain radiating to her back, with progression of the dissection (Picture B: 3D reconstruction). She underwent emergency cesarean delivery of a viable infant under general anesthesia and was discharged under medication. Although the development of aortic dissection during pregnancy is rare, both the maternal and fetal mortality rates are extremely high unless treated (1, 2). Abrupt chest pain in pregnant women requires a high level of suspicion of aortic dissection.

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References