Ruptured Thoracic Aortic Aneurysm Imaging Pulmonary Embolism

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A 78-year-old woman admitted for impending rupture of thoracic aortic aneurysm (TAA) (Φ74 mm) (Picture A), however she rejected surgical treatment. Two days later, she went into shock status (systolic blood pressure 70 mmHg) with hypoxemia (PO2 37 mmHg). Chest x-ray revealed widening of the mediastinum and hyperlucency of right lung field compared with the left. Transthoracic echocardiography showed pulmonary hypertension (estimated pulmonary arterial pressure 63 mmHg). Chest computed tomography scanning (Picture B and C) revealed rupture of the TAA and right pulmonary artery occlusion by the aneurysm (arrow in Picture B) and hematoma (arrowhead in Picture B). She again rejected operation and died 20 days later.

Anatomically the ascending aorta and right pulmonary artery are surrounded by the common epicardium. Extravasation of blood of the ascending aorta would extend into the subepicardial space around the pulmonary artery. As extravasated blood is driven by aortic pressure, it can compress the lumen of the pulmonary artery (1, 2).

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

References


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