



# 6<sup>TH</sup> MACEDONIAN CONGRESS of CARDIOLOGY

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## ЗБОРНИК НА АПСТРАКТИ ABSTRACT BOOK



**ШЕСТИ КОНГРЕС НА  
МАКЕДОНСКОТО ЗДРУЖЕНИЕ  
ПО КАРДИОЛОГИЈА СО  
МЕЃУНАРОДНО УЧЕСТВО**

**SIXTH CONGRESS OF THE  
MACEDONIAN SOCIETY  
OF CARDIOLOGY WITH  
INTERNATIONAL PARTICIPATION**

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d-dimers=7073;CRP=273. **Results and conclusion.** Discharged after 5 days from department of angiography but still with abdominal pain, patient had another hospitalization at our department for evaluation and then was transferred for surgical intervention with. Dg: Ileus;Tu sigma. Postoperative siagnosis: Adenocarcinoma colonis sigmoidales; St.post hemicolectomia lat.sin. Hartman. Every three months he goes to oncologist,and every six months visits cardiologist. Multidicyplinary treatment in these patients is crucial.

## P28. Aortic dissection noticed after PCI procedure

**S. Dokuzova, G. Kamceva, B. Vasilev, S. Nikolov, A. Jordanova**

Department of Internal Disease,Clinical Hospital Stip, N.Macedonia

**Introduction.** An ascending aorta aneurism is defined as localize dilatation of aorta. This is a disease which is initially mostly asymptomatic. Clinical presentation depends on the size and rate of growth of the itself which sometimes makes it difficult to recognize until first complications arise and is unfortunately in many cases initially presented by aortic dissection.V.S. 56 years old, female with chest pain and neck pain, hypotension was hospitalized at our unit of intensive care. on smoker, on therapy for HTA and hypothyreosis.

**Aim.** Aortic dissection noticed after PCI procedure is not always favorable for treating or with happy ending.

**Methods and materials:** ECG and laboratory findings not excluded ACS, echocardiography (repeated);coronarography-at department of angiography-Dg: APNS;Effusio pericardii; HTA; HLP;LAD mid=40%, CT pulmoangiography-no signs for thromboembolism, distorsion of vascular structures, CT aortography, on second echocardiography after PCI was seen disectional flap from sinus Valsalva to arcus even arcus was in dissection. Ao ascendens-47mm,Arcus aortae-33mm,Ao abd=18mm,Ao descendens =25mm.Pericardial effusion of 14 mm in front of RV. Doppler of carotid arteries and thyroid gland-hypodensity.

**Results and conclusion.** This patient was transferred to Private Cardiovascular surgery center were was succefully operated with implantation of artificial prosthesis on ascedening aorta and repair of aortic valve. Pt then started rehabilitation in Ohrid. She is some of the rarest patient that was not diagnosed at the begging aortic dissection is a diagnose with high rate of mortality but has a happy ending.

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