

# Aortic dissection noticed after PCI procedure

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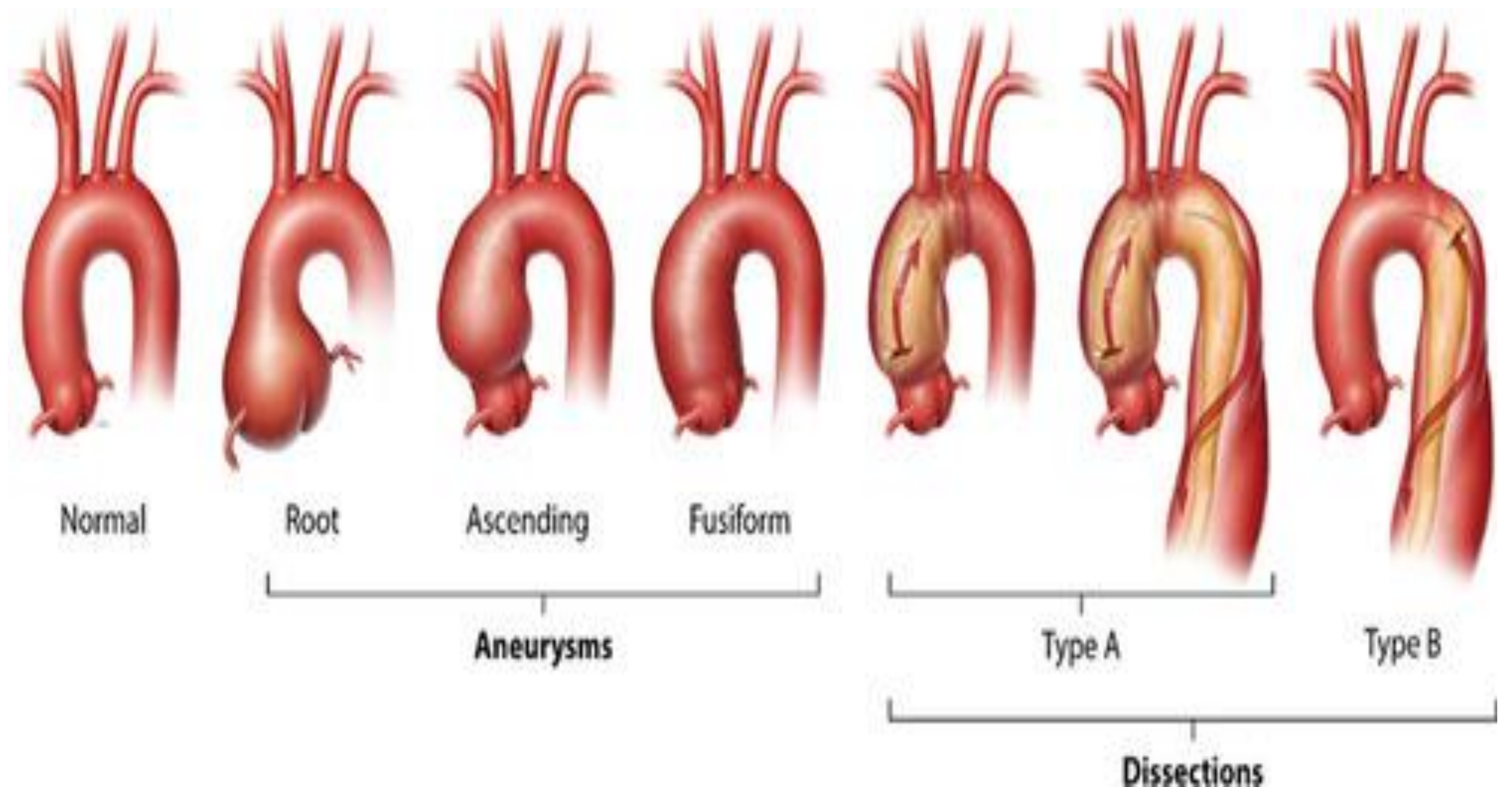


## INTRODUCTION

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, smoker, on therapy for HTA and hypertension.

## AIM

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



## MATERIAL AND METHODS

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, distortion of vascular structures, CT angiography, on second echocardiography after PCI was seen dissectional flap from sinus Valsalva to arcus even arcus was in dissection. Ao ascedens=47mm, Arcus aortae=33mm, AoAbd=18mm, Ao descedens=25mm. Pericardial effusion of 14mm in front of RV. Doppler of carotid arteries and thyroid gland – hypodensity.

## RESULTS AND CONCLUSION

This patient was transferred to private Cardiovascular surgery center where was successfully operated with implantation of artificial prosthesis on ascending 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 beginning aortic dissection is a diagnose with high rate of mortality but has a happy ending.