The acute aortic syndrome refers to a spectrum of life-threatening aortic emergencies. Acute aortic syndromes include non-traumatic entities as aortic dissection with an incidence of 80–90% of the cases, affecting 5–30 person-years, penetrating atherosclerotic ulcer with an incidence of 2.8% and intramural hematoma with incidence of 5–25%.

Nowadays there are several imaging modalities for diagnosis, such as echocardiography, magnetic resonance imaging and computed tomography angiogram without let out the clinical characteristics and keep in mind differential diagnosis for initial suspicion (Figs. 1 and 2).

We report the case of a hypertensive 42-year-old, with obesity and obstructive sleep apnea. He starts with oppressive chest pain with adrenergic discharge at rest, lasting 40 min, blood pressure was documented to 180/111, electrocardiogram with positive slope of the ST in aVR and V1

Figure 1  Axis suprasternal echocardiogram, aortic arch and descending aorta is observed, with double-lumen image.
and negative troponin. The patient developed cardiogenic shock and death.4-7 Acute aortic syndrome should be identified early by clinical suspicion and supported by diagnostic studies to provide timely treatment because of its high mortality rate. Diagnostic imaging studies in clinical suspicion of dissection play an important role, such as confirmation of clinical suspicion, classification of dissection, localization of tears, assessment of extent of dissection and indicators of urgency.8

Ethical responsibilities

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that no patient data appear in this article.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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Conflict of interest

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