

Un atipico caso di dissezione aortica tipo A cronica gestita conservativamente



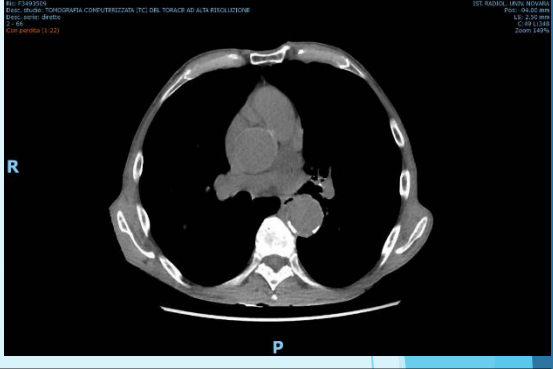
Stefano Maffe', Luca Bergamasco, Paola Paffoni, Pierfranco Dellavesa, Franco Zenone, Nicolo' Franchetti Pardo, Lara Baduena, Giulia Careri, Umberto Parravicini

DIVISIONE DI CARDIOLOGIA, OSPEDALE SS. TRINITA' BORGOMANERO, ASL NOVARA

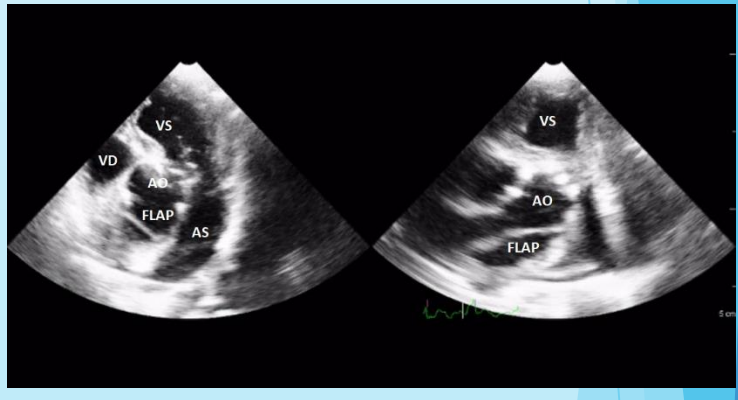
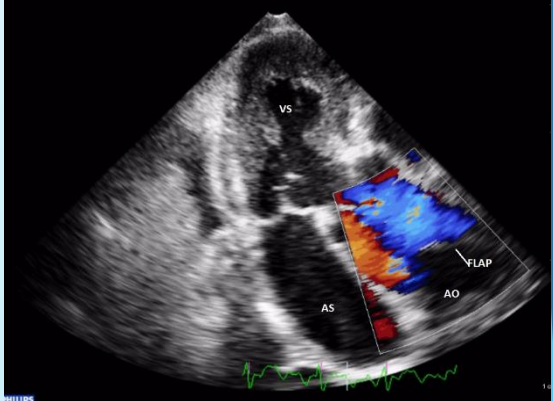
BACKGROUND

Clinical manifestations of aortic pathology, including symptomatic ruptured of thoracic and abdominal aneurysms and acute dissections, represent some of the most serious vascular emergencies. The incidence of aortic dissection is 6 per 100.000 people/year, and 71% are Stanford type-A. More than 50% of patients do not survive, especially those with type-A dissection, where the surgical approach is recommended

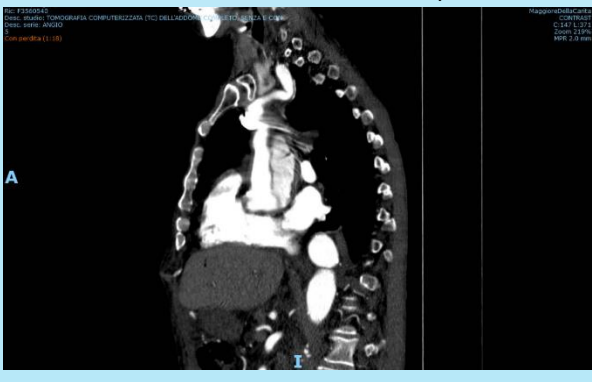
We present the case of a 70-year-old patient without cardiovascular risk factors, who underwent liver transplantation for hemochromatosis and liver cirrhosis in 2008; in 2017 he was repeatedly hospitalized following febrile episodes with a cholangitis, jaundice and need for biliary stents placement. On this occasion a diagnosis of pancreatic neoplasia with involvement of the biliary tract and of the superior mesenteric vein was diagnosed, a situation considered too advanced and not suitable for surgery. A thoracic CT scan performed for cancer stadiation showed a slightly ectatic ascending aorta without signs of dissection



After two months still characterized by febrile episodes, following atrial fibrillation, a transthoracic echocardiogram was performed: now the examination shows the presence of an ascending aorta dilatation with a clear dissection flap.



A new thoracic CT scan confirms the dissection of the ascending aorta, extended over a length of 7 cm, without involvement of the arch. The patient never experienced chest pain in the previous weeks, with only marked asthenia associated with frequent febrile elevations.



The case was discussed collegially between cardiologist, cardiac surgeon, oncologist and hepatologist: considering the comorbidity (pancreatic neoplasia, liver transplantation), the poor oncological prognosis, the complete lack of symptoms and the probable even if unusual chronicity of the type A dissection, a conservative approach was decided. The patient was treated with beta blockers to heart rate control, without anticoagulants. Clinical status and echocardiographic findings remained stable at the subsequent periodic checks and the patient died after about a year due to the progressive worsening of the oncological conditions.

CONCLUSIONS

This case is unusual with regards to etiopathogenesis, conservative management and clinical course; it shows how unpredictable and insidious the problem of aortic dissection is and how much its management and prognosis are not always linear.