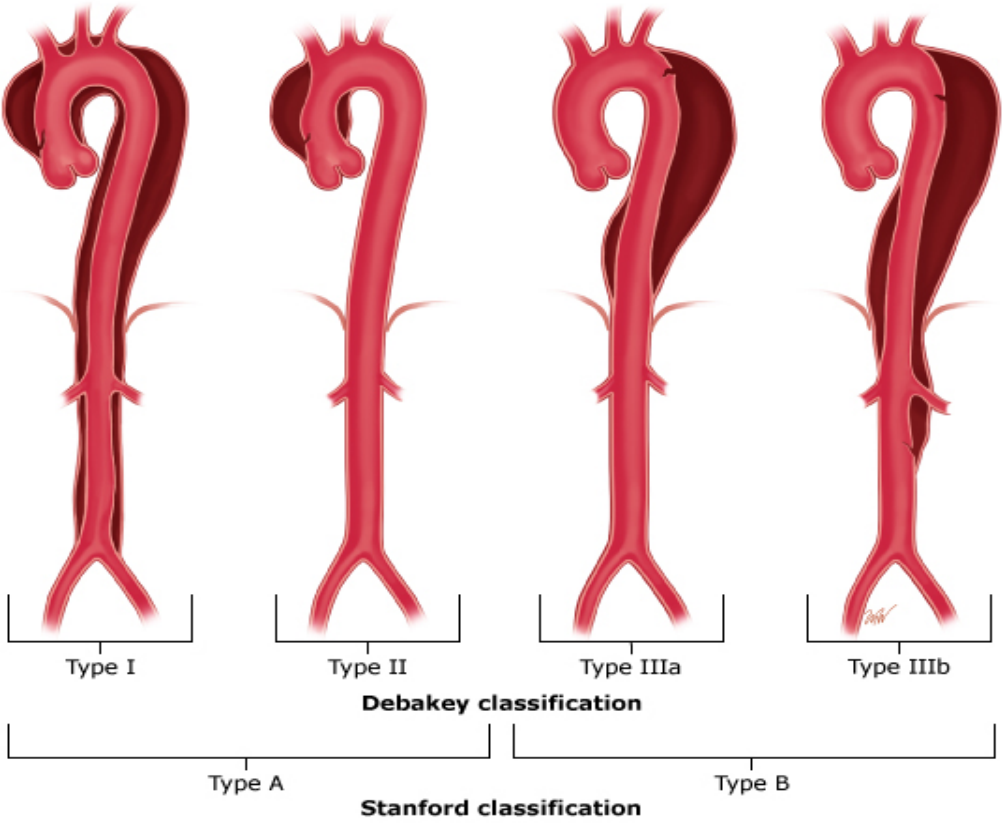
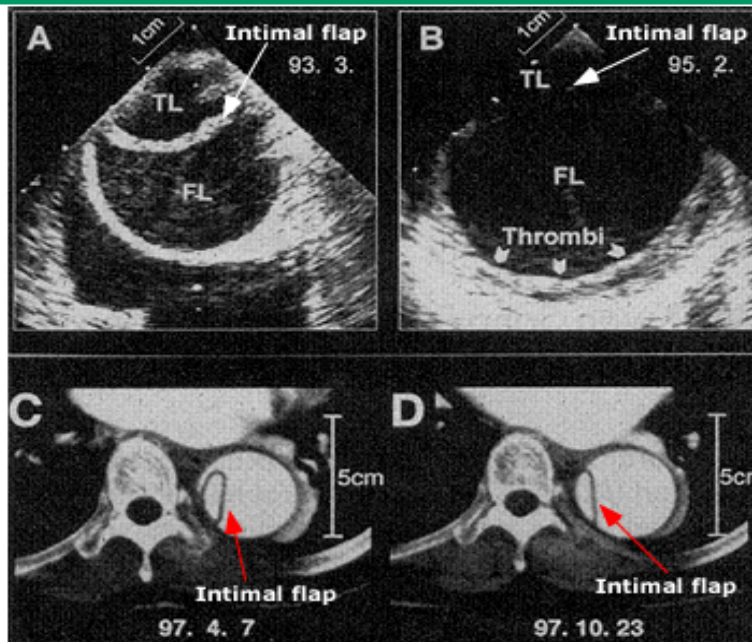


Classification aortic dissection



Aortic dissection on noninvasive imaging



Representative transesophageal echocardiograms (TEE) (panels A and B) and computed tomograms (CT) (panels C and D) of a section of the descending aorta in distal aortic dissection. Panels A and C are acute studies, while B and D are from follow-up evaluation. Both TEE and CT scan show persistence of the intimal flap forming the true lumen (TL) and a markedly dilated false lumen (FL) with the development of thrombi.

From Song, JK, Kang, DH, Lim, TH, et al. Different remodeling of descending thoracic aorta after acute event in aortic intramural hemorrhage versus aortic dissection. Am J Cardiol 1999; 83:937 with permission from Excerpta Medica Inc.

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Question:

A 65 year-old patient shows evidence of a false lumen in the ascending aorta on a CT. The best course of action is to:

- Emergent thoracotomy
- Medical approach
- Observe in the ICU
- Repeat CT scan in 4 hours

Answer: A – Ascending aortic aneurysms = surgical intervention