

An Unusual Case of Aortic Dissection

Ziad Arow, MD
Cardiology Department
Meir Medical Center

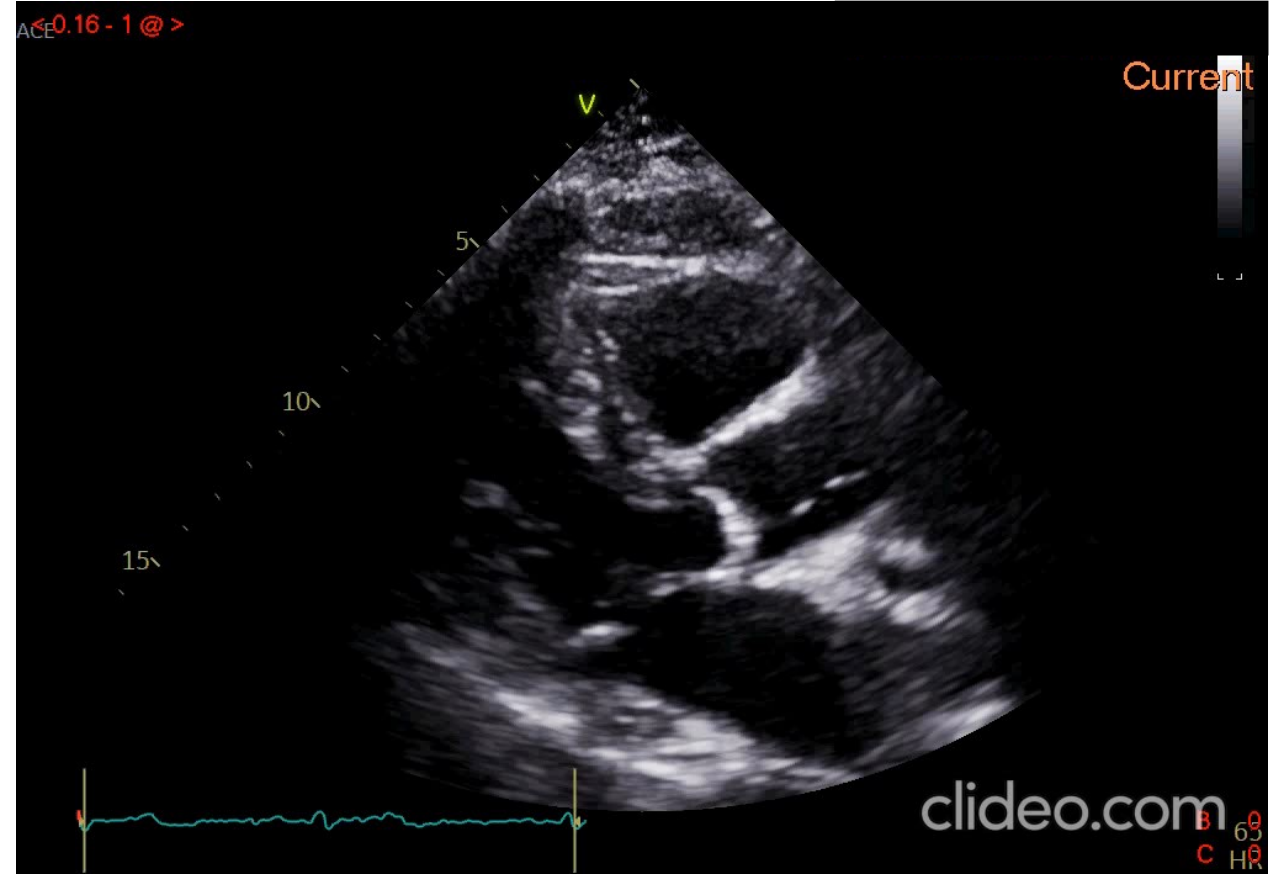
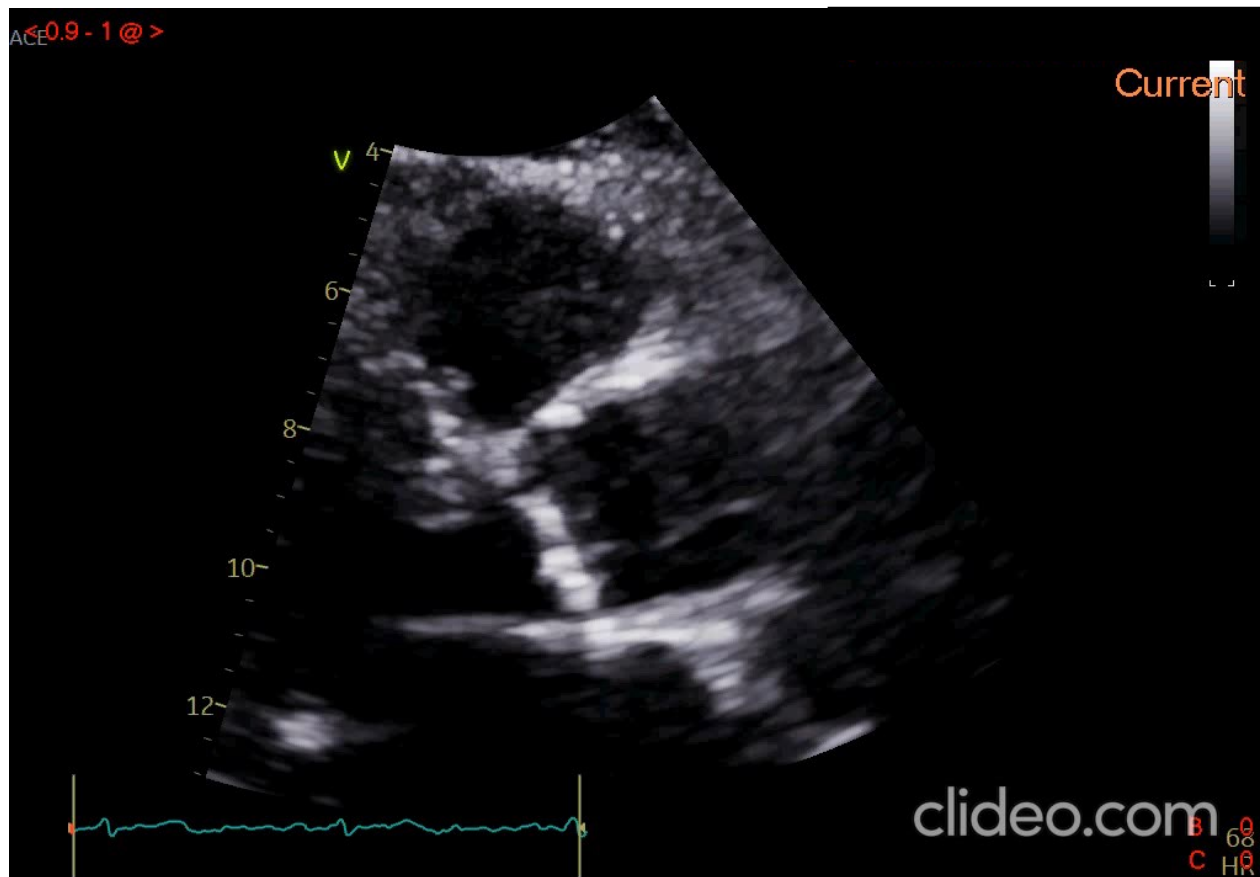
Case presentation

- 80-year old male with a history of Hypertension, Dyslipidemia, Ischemic Heart Disease and moderate Aortic Stenosis.
- In his past medical history, the patient underwent multiple percutaneous coronary interventions – Last intervention was PCI with DES to LM-LAD coronary arteries, at outside institution, 2 years ago.
- Chronic medical therapy: Valsartan, Amlodipine, Atorvastatin, Aspirin, Bisoprolol and Empagliflozin.

Case presentation

- The patient presented to the echocardiography lab for routine follow up for moderate aortic stenosis (AS).
- The patient was hemodynamically stable and reported no chest pain, back pain, or dyspnea during the last months.

TTE



AVA:1.2cm², Max/mean gradient: 45/29

Emergency Room

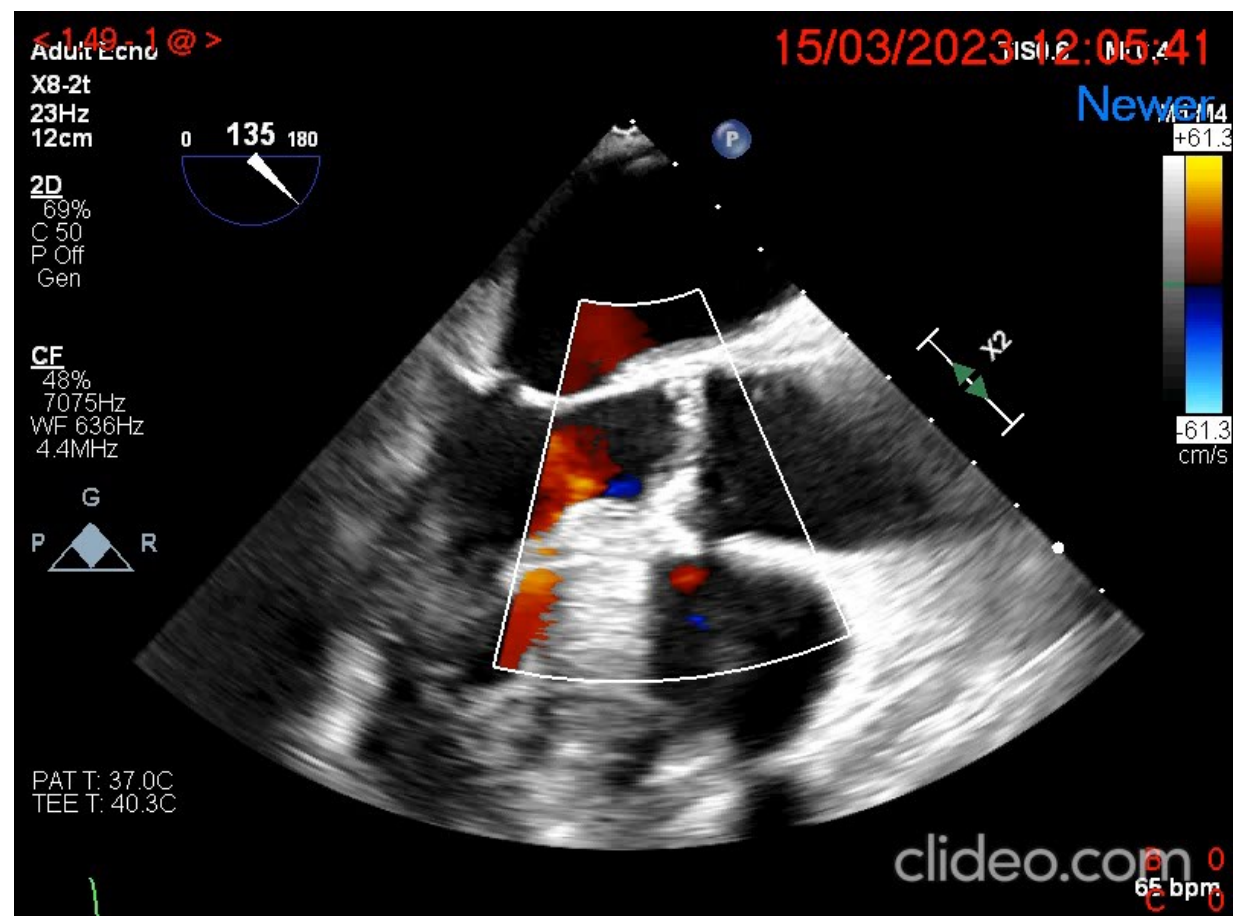
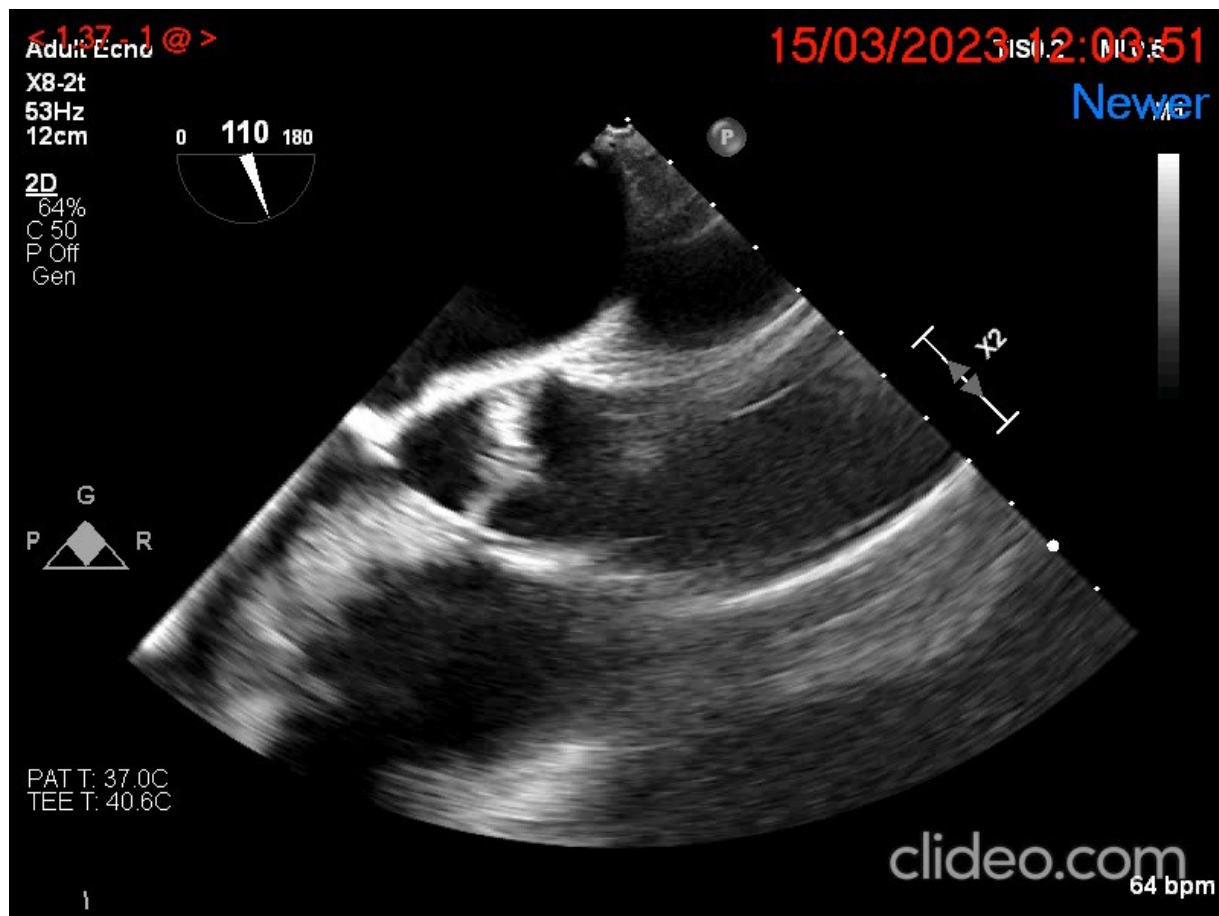


Follow up

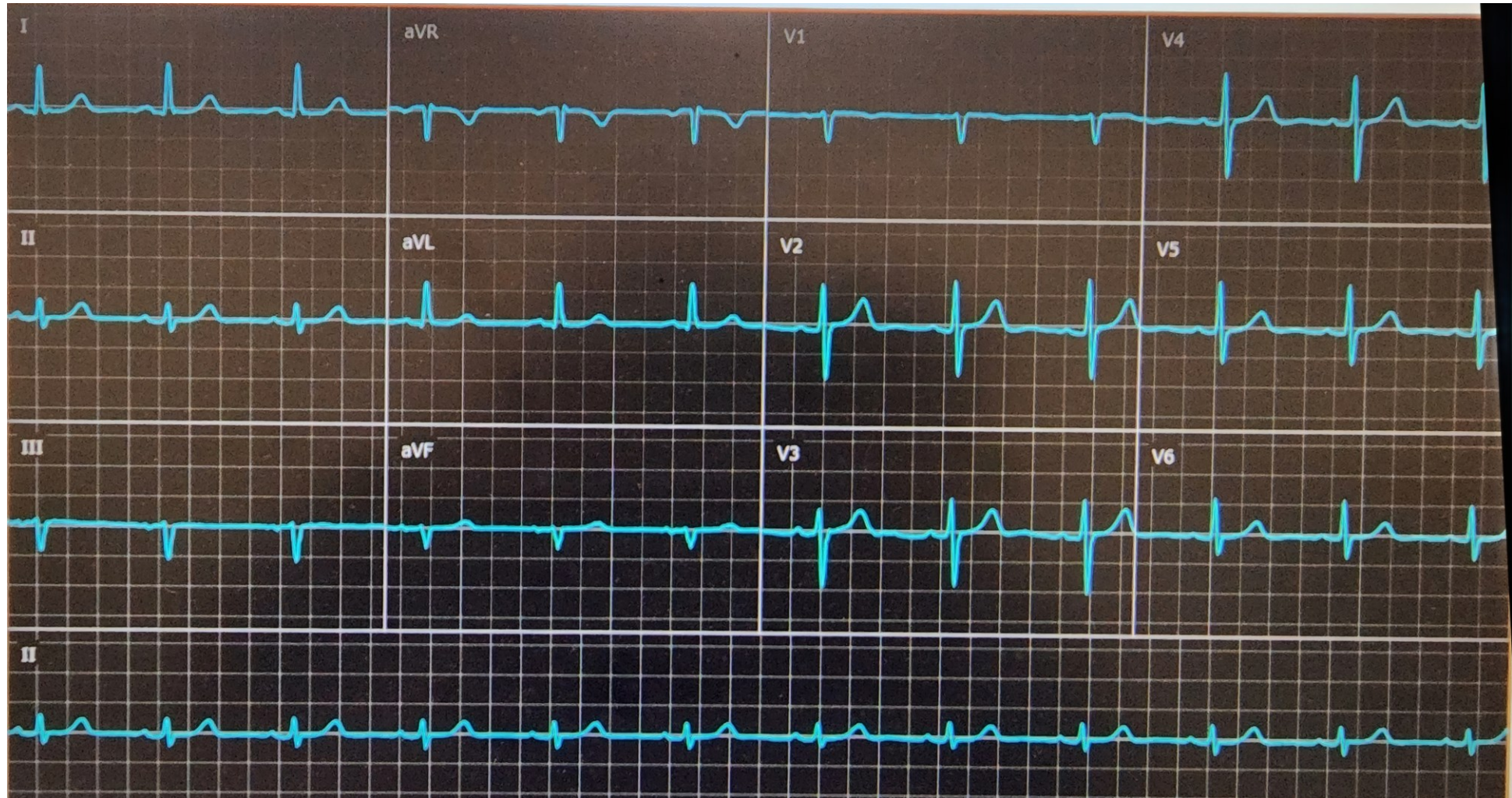


TEE

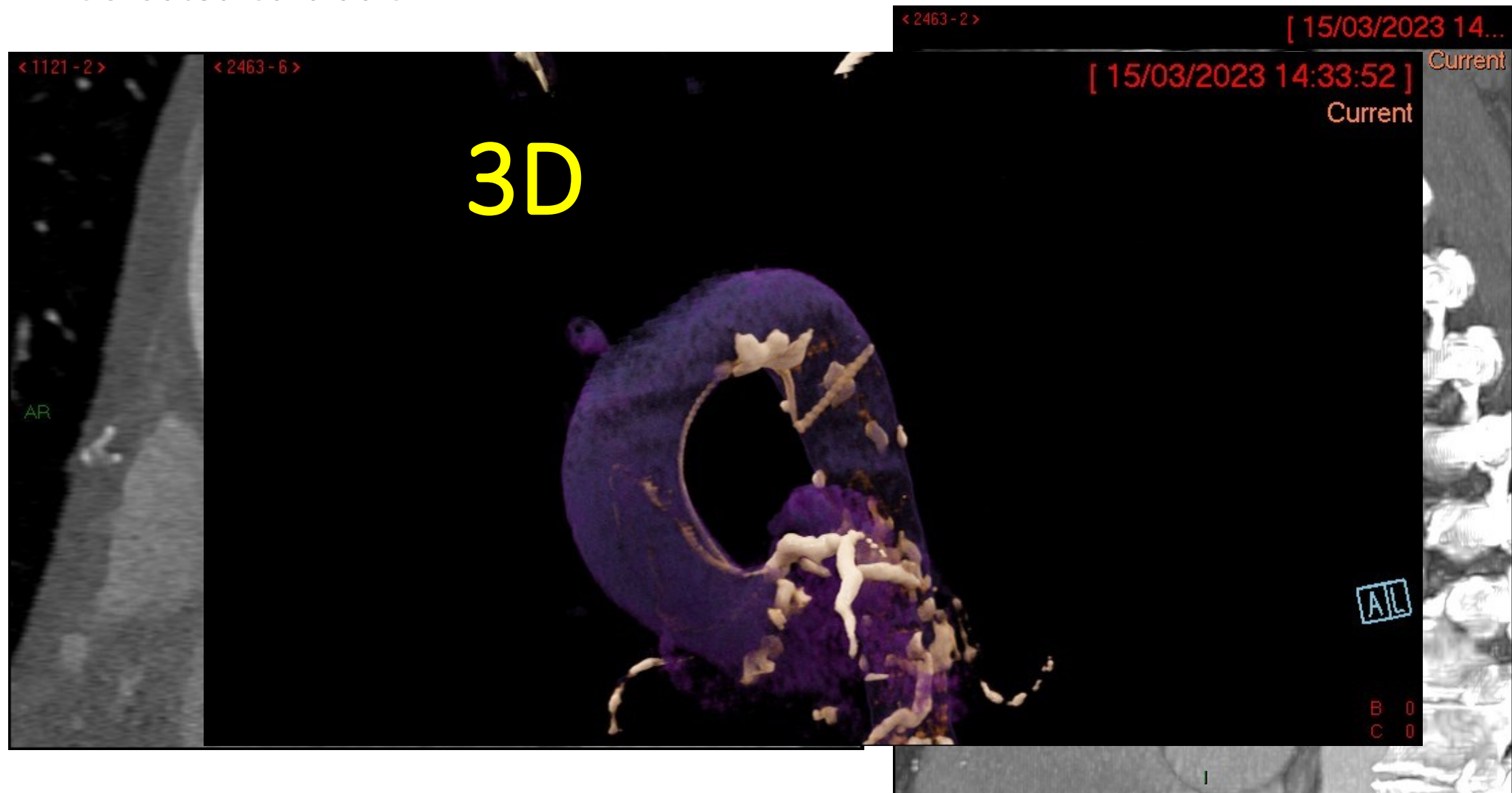
TEE



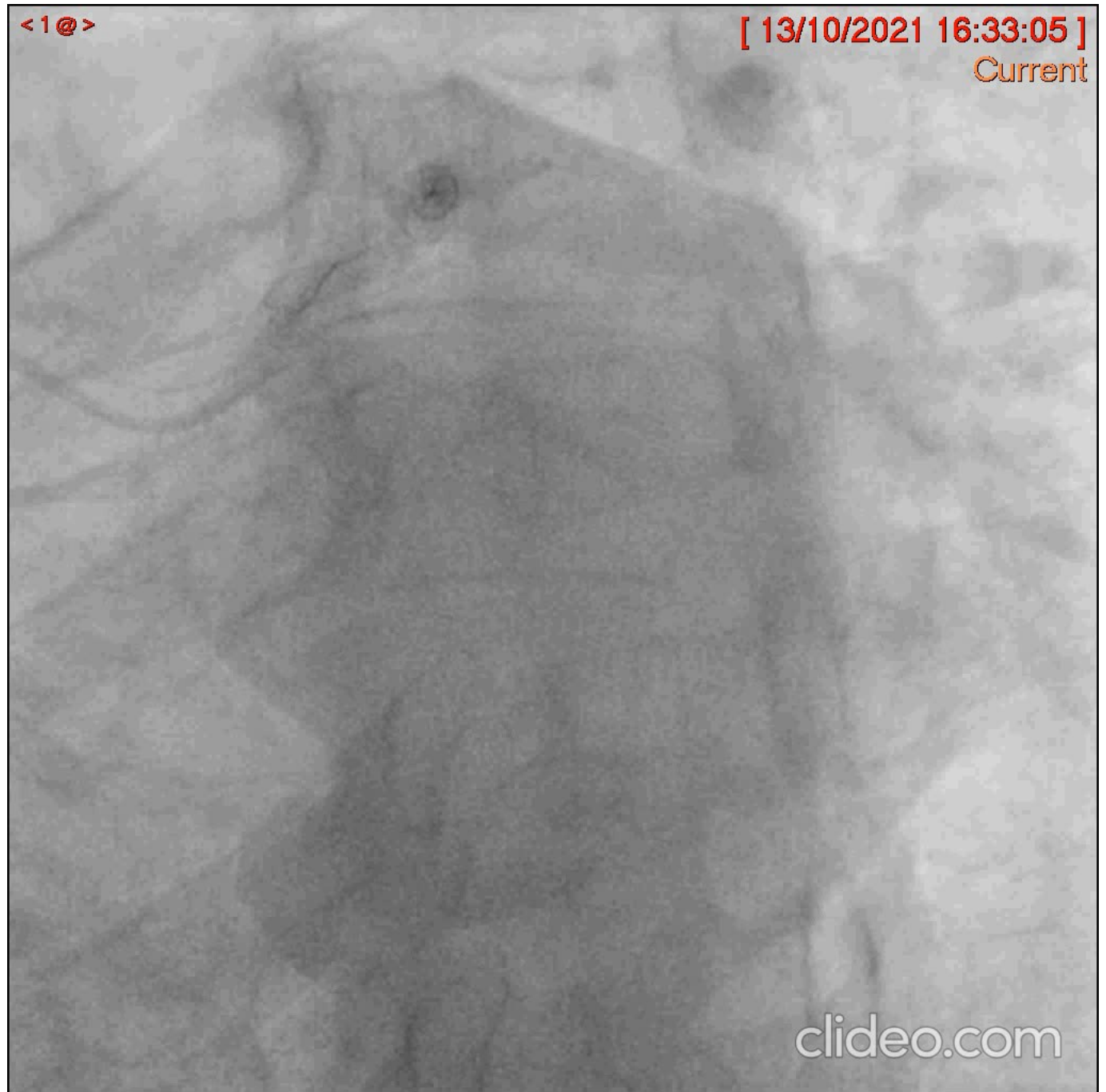
ECG



ECG Gated Cardiac CT



Angiography 2 years ago



Retained Coronary Guidewire Mimicking Aortic Dissection



- A retained coronary guidewire is an extremely rare complication that occurs in 0.1-0.2% of PCI procedures.
- In some cases of wire entrapment, over-rotation or excessive bending: a wire fracture may occur.
- Can lead to various complications including acute thrombosis or perforation of the coronary artery involved and systemic thrombo-embolization, including CVA.

No specific guidelines for management.

options:

- endovascular retrieval or surgical extraction: in case of acute thrombosis, perforation, or embolic phenomena threatening coronary artery occlusion.
- medical treatment with anticoagulation: in case of systemic embolization.
- close follow up: if the patient is completely asymptomatic and the retained guidewire is discovered accidentally.

Our patient

- multidisciplinary heart team discussion was obtained (invasive cardiologist, a cardiothoracic surgeon, and a cardiac imaging specialist) and concluded that the risk of surgical or endovascular intervention outweighed the potential benefit, particularly since the patient was completely asymptomatic, at advanced age and with multiple comorbidities.
- The patient was discharged home for clinical and echocardiographic follow up.

