Aortic Dissection Mimicking ST Elevation Myocardial Infarction

Disseção Aórtica Simulando Enfarte Agudo do Miocárdio com Elevação do Segmento ST

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A 54 years old male, obese and smoker, presented to emergency department with thoracic pain lasting for 1 hour. Admission electrocardiogram showed 1 mm ST elevation in V1-V2 and T wave inversion, highly suspicious for ST elevation myocardial infarction (STEMI) (Fig. 1A). Due to persisting pain he was taken to cardiac catheterization laboratory for primary coronary intervention. Attempt to engage both ostia were unsuccessful and aortography revealed an aortic flap (Fig. 1B, arrows) with the catheter in the false lumen and no ostia originating from it. Thoracic and abdominal angio-CT scan confirming type A aortic dissection (Fig.s 1C, 1D).

Figure 1 - Admission electrocardiogram showing 1 mm ST elevation in V1-V2 and T wave inversion in V5-V6 (A); Aortic angiogram revealing an aortic flap (B, arrows); Thoracic and abdominal angio-CT scan confirming type A aortic dissection (C); 3D reconstruction of thoracic and abdominal angio-CT scan (D).

REFERENCES