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Cardiocentro Ernesto Che Guevara Santa Clara Cuba

Diagnosis of complicated type B aortic dissection (IIIb retrograde) by transthoracic echocardiography

Diagnóstico de disección aórtica tipo B (IIIb retrógrada) complicada mediante ecocardiografía transtorácica

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A 65-year-old black patient with a history of hypertension came to the emergency room due to very intense chest pain, mostly marked at the level of the interscapular space and accompanied by breathlessness, sweating and coldness. The transthoracic echocardiogram from the parasternal view (performed several days later) showed the existence of pleural effusion and a moving linear image within the descending thoracic aorta (**Figure 1A**). From the parasternal short axis, standard and modified (intermediate) projections it was possible to visualize the apical extension of the flap from the proximal descending thoracic aorta up to the proximal portion of the abdominal aorta (**Figura 1B**). Clear visualization of both lumens with no flow in the false lumen, the entrance at the level of the abdominal aorta with very little effective retrograde flow (**Figura 1C y 1D**), the thrombosis of the false lumen (**Figura 2A**), the marked irregularity of the intimal flap (penetrating ulcer?) (**Figura 2B** - arrow), and the branches outlet of the abdominal aorta from the true lumen were also demonstrated (**Figura 2C** - arrow). The transducer was placed in the interscapular space and continuity of the pleural effusion with the thoracic aorta and the presence of periaortic hematoma were visualized (**Figura 2D**). From the suprasternal projections the ascending aorta, the arch and the proximal portion of the normal sized thoracic aorta without intimal-medial flap were observed. The aortic root had normal dimensions and there was mild aortic insufficiency. It is noteworthy, in this case, the complete collection of all elements of interest only from the images obtained from transthoracic projections. The patient improved with medical treatment, with no progression of the dissection, and remains on outpatient follow-up.

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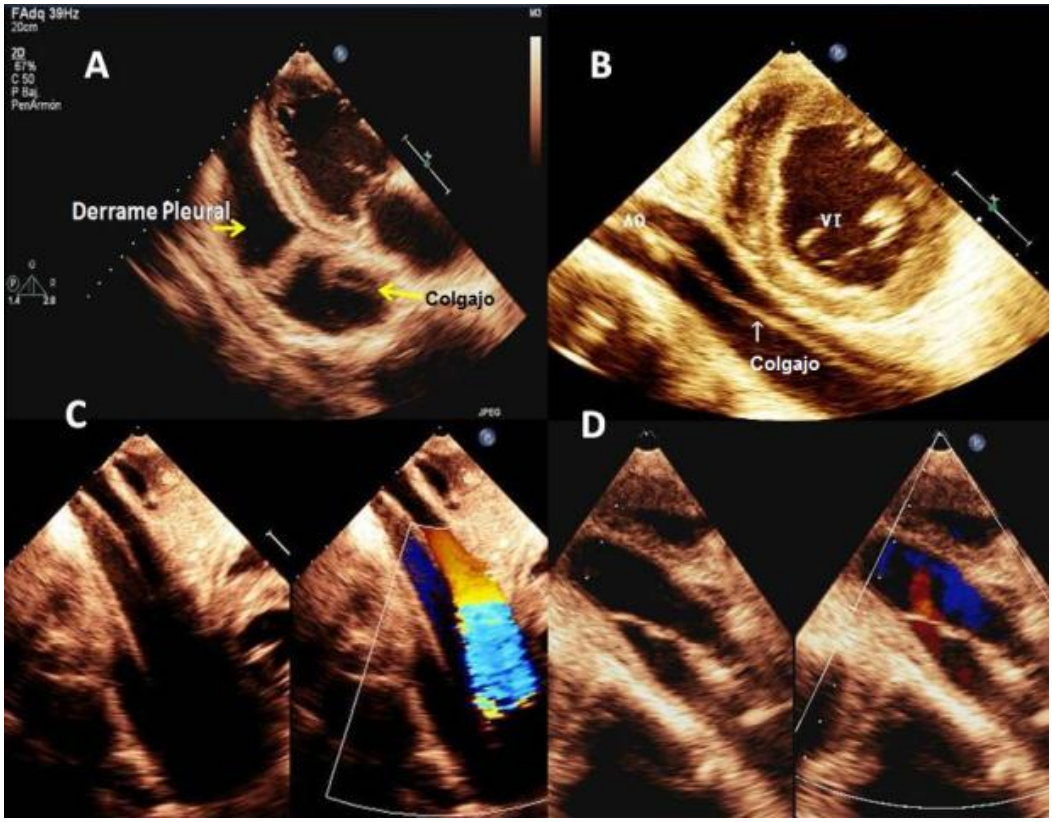

Figure 1

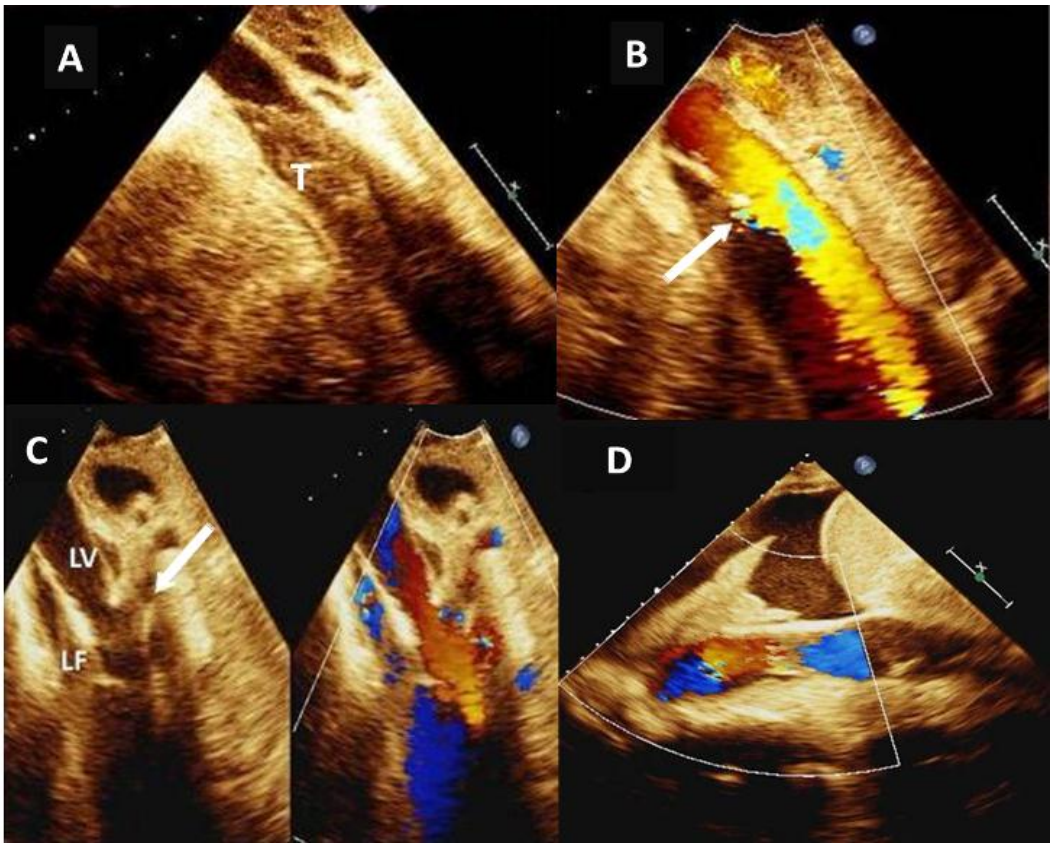

Figure 2