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Sub acute aortic dissection type B, mimicking acute left abdominal pain: a case report

Miriam Rey Seoane(1), R Kazan(2), C Herranz martinez(3), AB Rascón García(1), J

Carmona Pirez(3), M Fernandez Ferreira(1), JC Verategui Córdoba(1)

(1) EAP 'EL CASTEL', Instituto Catalá de la Salut, Castelldefels, Barcelona, Spain

(2) CAP ' VALLDOREIX', Sant Cugat del Vallés, Barcelona, Spain

(3) EAP 'Viladecans-2', Instituto Catalá de la Salut, Viladecans, Barcelona, Spain

Corresponding author: Miss Miriam Rey Seoane, Instituto Catalán de la Salut, Medicina Familiar y Comunitaria, Barcelona, Spain. E-mail: mir-rey-s@hotmail.com

Aortic dissections are a deadly pathology that its suspicion is crucial to be detected and treated as earlier as possible, but some uncommon manifestations could delay the diagnosis and treatment. Mimicking other illnesses could be a life-threatening condition for the patient and a difficult detection for the physician.

A 68 years-old female with a history of controlled hypertension, dyslipidemic and chronic depression in treatment, no drugs abuse or alcohol intake, a smoker of ½ package/year. Family history: father death at 54 from unknown sudden death, 28 years old firstborn male child death suspected to aortic syndrome. She consulted her primary care emergency center for an acute abdominal pain, at first located in epigastric region and then descending to the left side in relation with drinking a glass of water, without other symptoms or alterations were described. Fifteen days prior she had had a similar episode that was diagnosticated with abdominal inespecific pain and that episode passed with symptomatic treatment. Physical examination reflected some pain to light pression in the left side of the abdomen, BP (blood pressure)185/75, HR (heart rate) 66, no fever; analysis show a slightly elevated leukocytosis and a lactic acid of 2,38 mmol/L; EKG without alterations and a chest and abdominal x-ray totally normal a general surgeon was consulted and she was transferred to the reference hospital to perform an upper-body and abdominal CT-Scan. In the CT an aortic dissection type B (Stanford classification) with thrombosis of the false light and affectation of celiac and upper-mesenteric arteries was founded. The patient has no hemodynamic instability and a conservative approach was followed. She now attends to follow up consult with a ct-scan of control and regular appointments with vascular surgery and cardiology.

To summarize, suspecting an aortic dissection could be the best way not to fail to diagnose it, complementary imaging test could be our best resource to have a quick and unbiased diagnosis, since its clinical manifestations could be confused with other differential diagnoses.