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AORTIC ANEURYSM DISSECTION WITH COMPLETE ATRIOVENTRICULAR BLOCK AND SUB ACUTE MYOCARDIAL INFARCTION

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Rational: Acute aortic dissection (AAD) with concomitant complete atrioventricular block (CAVB) and concomitant sub acute myocardial infarction (SAMI) is a highly lethal cardiovascular emergency. In many deceased patients, the diagnosis is not confirmed until autopsy, and 85 % receive the wrong therapy as a result of misdiagnosis.

Technical resolution: A 63-year-old male patient with chronic aortic dissection Stanford B, chronic renal failure (CRF), diabetes mellitus and arterial hypertension presenting with prolonged precordial discomfort, as well as cold sweats, nausea and dizziness, was admitted to the cardiac emergency service. The patient was diagnosed with SAMI of inferior origin, acute progression of Stanford type B chronic aortic dissection with new dissection in right iliac artery and right subclavian artery and concomitant CAVB with heart rate 30 per minute. The patient was refused from urgent surgical treatment. The decision of cardiac team was to be implanted dual chamber pacemaker. Sub acute myocardial infarction was treated conservatively because of acute progression of Stanford type B chronic aortic dissection with strong possibility to get with catheter in to the fault lumen and CRF. Two weeks later after careful consideration of angiography findings of aorta coronary angiography was performed and complete impairment of the right coronary artery in the mid segment was found with existing strong collaterals from left coronary system. Three weeks later in other hospitalization successful percutaneous revascularization of right coronary artery was performed.

Clinical implications: Careful examination and the treatment planning involving cardiac team is essential to be able to dissolve complex acute cardiovascular emergency.