Type A dissection on POCUS

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Case Presentation:

A 33-year-old male presented to the emergency department with history of collapse and back pain. He had bystander CPR for a few minutes and remained conscious since. On arrival to the ED, he was diaphoretic, tachycardic at 110 beats/ min with BP of 200/100. Heart sounds were distant. 12 lead ECG was read as sinus tachycardia.

Management and Outcome:

Point of care ultrasound (POCUS) of heart and aorta showed a dissection flap in the aortic arch (suprasternal view), dilated aortic root and haemopericardium. Abdominal aorta did not have the extension of dissection flap. Inferior vena cava was plethoric.

Cardio-thoracic surgeons and anaesthetists were summoned immediately based on POCUS findings. Patient's CT angiogram confirmed POCUS findings and was taken to the operating room.

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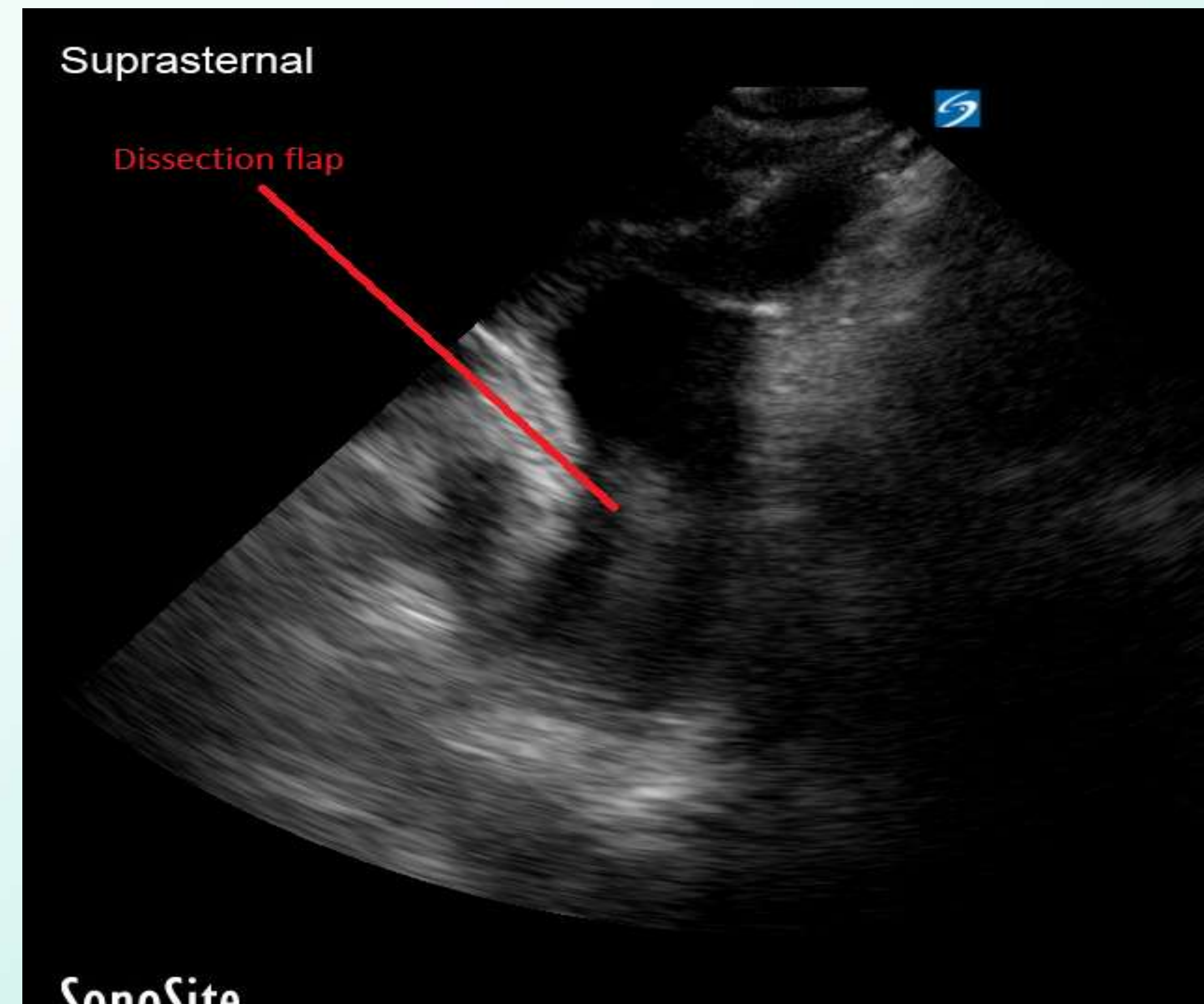

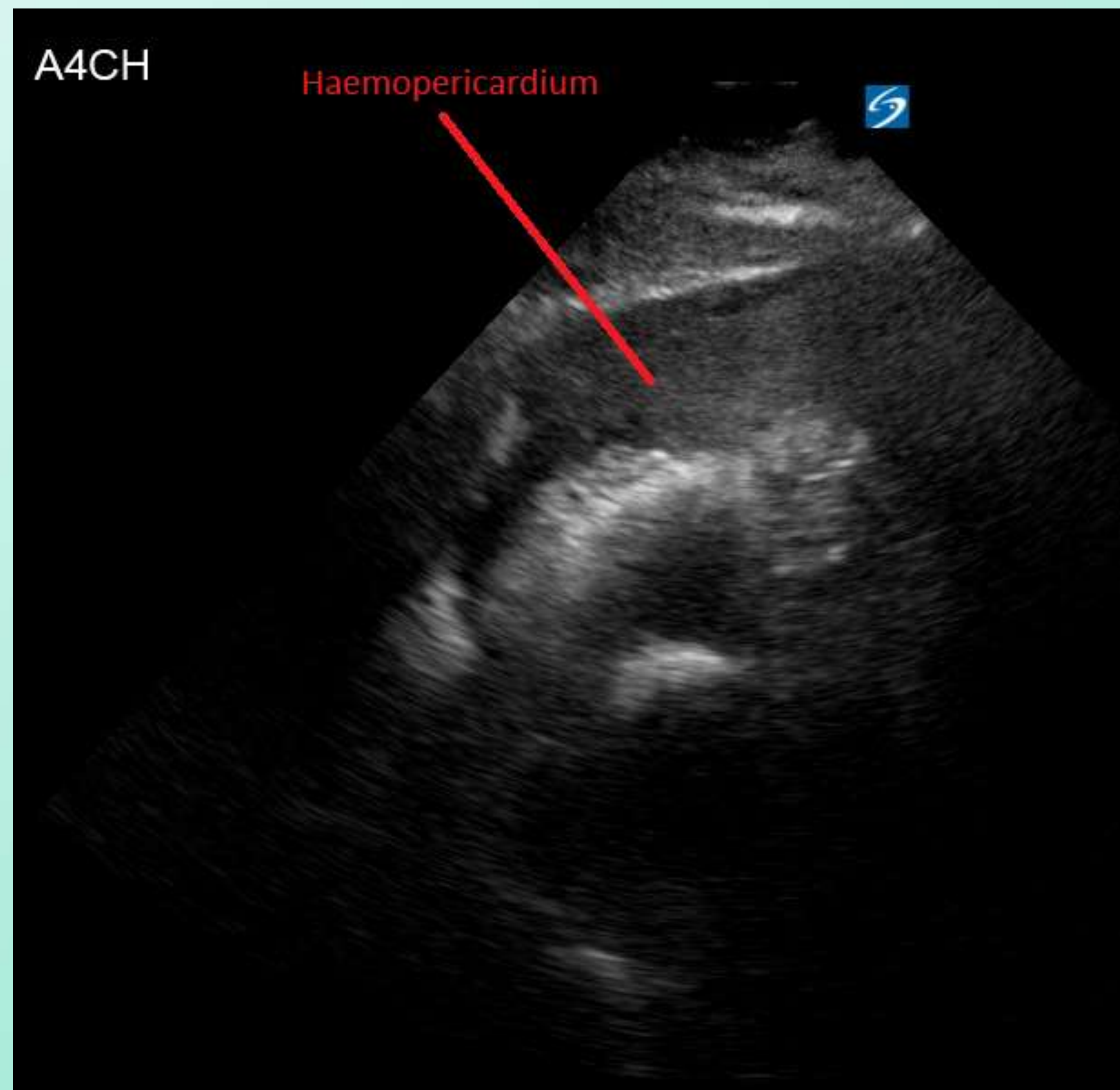

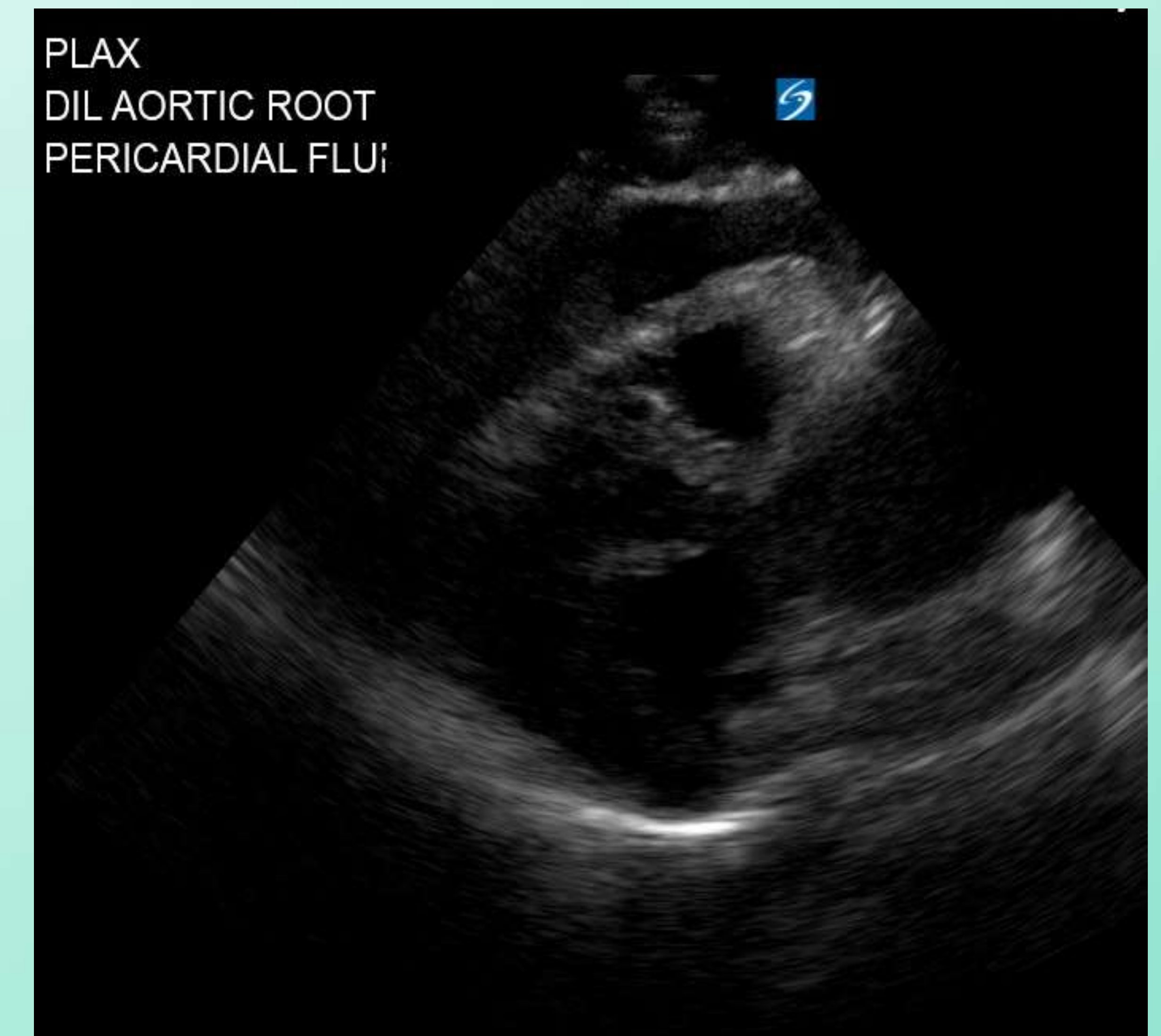

Key learning points:

CT angiogram is the investigation of choice for aortic dissection in the ED. POCUS helps to immediately identify this time critical diagnosis on the initial patient assessment, triggering early mobilization of appropriate .resources.