Pericardial Effusion Mimicking Aortic Dissection

Aortik Disseksiyonu Taklit Eden Perikard Effüzyonu

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A 70-old female admitted to our emergency department with progressive dispnea and chest pain. In medical history; she had undergone single vessel coronary artery by-pass greft operation one and a half month ago. On the physical examination heart rate was 135 bpm and rythm was regular, blood pressure was 89/61 mmHg, oxygen saturation was %90-95. Serial electrocardiographic records showed dynamic changes on lateral derivations. A dissection-like image on ascending aorta was seen on transthorasic echocardiographic parasternal long axis view (see figure, panel A). But because of obesity the patient echogenity was suboptimal, so an emergency transesophageal echocardiography (TEE) was performed for suspected ascending aortic dissection but there was no sign of aortic dissection(see figure, panel B). On TEE shortaxis view, fluid accumulation was seen between aortic root and left atrium (see figure, panel C-D). Multislice chest computed tomographic findings were similar to TEE imaging. In addition the collected fluid pinched off the left main coronary artery (see figure, panel E). After surgical drainage of the fluid, symptoms were resolved and dynamic ECG changes on lateral derivations disappeared.

Aortic dissection of type A is a rare, but potentially life-threatening disease. The prognosis is determined by an accurate and immediate diagnosis.Aortic dissection can masquerade as another disease and other diseases may look like aortic dissection as like pericardial effusion such as in our case.Pericardial effusion should be kept on mind for the differantial diagnosis of aortic dissection and coronary ischaemia.

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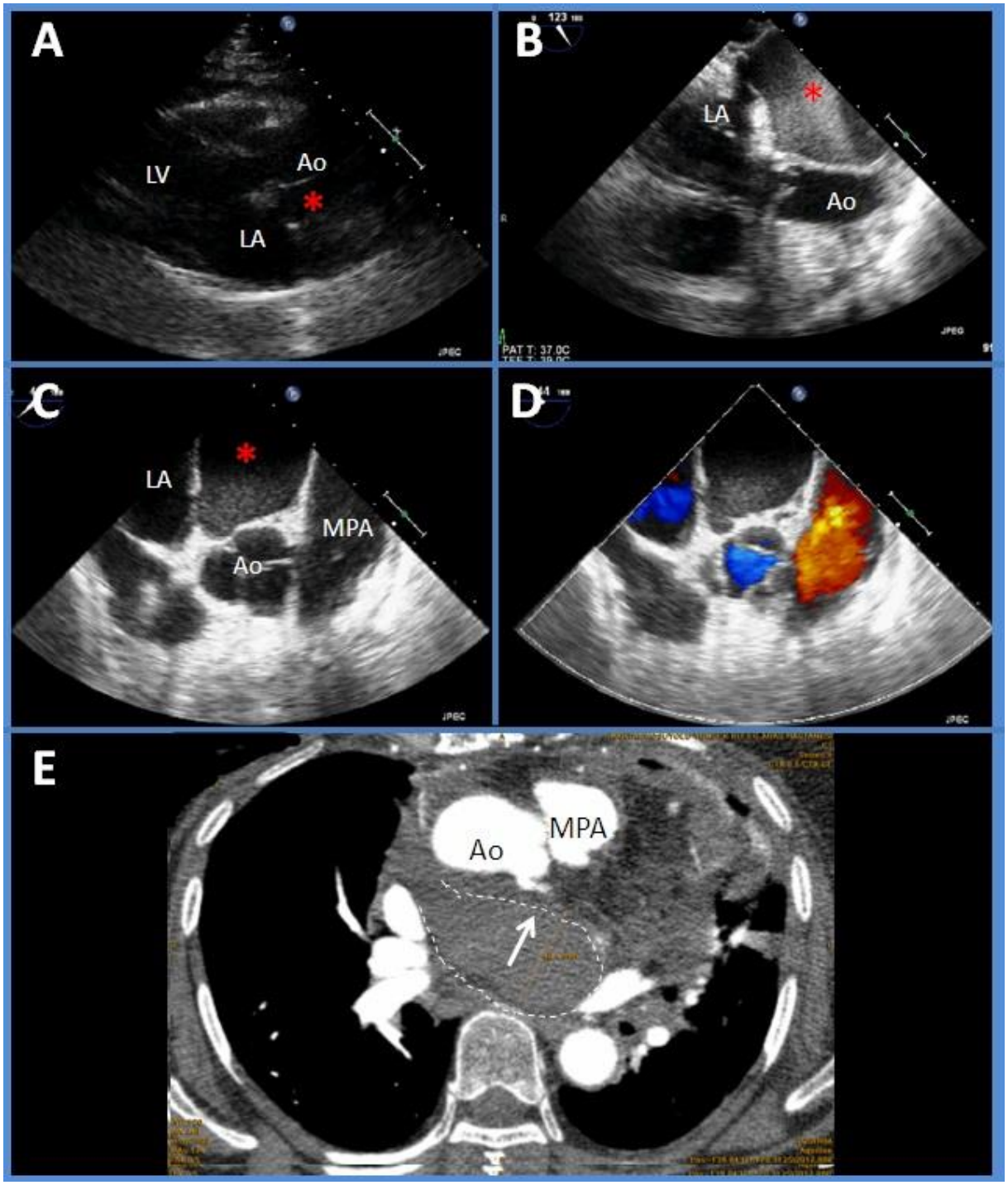

Figure legends

Figure: Transthoracic parasternal long axis view (Panel A) showing dissection like image (asterisk) on ascending aorta. Aortic dilatation and dissection were not seen on transesofageal modified long axis view (Panel B). On transesophageal short axis (Panel C) and coloured (Panel D) views, localisated fluid accumilation between aorta, left atrium and main pulmonery artery. Multislice computed tomography image (Panel E) demonstrated the collected fluid pinched off the left main coronary artery