

A Rare Cause Of Transient Complete Atrioventricular Block: Aortic Dissection

Geçici Atriyoventriküler Tam Bloğun Nadir Bir Nedeni: Aort Diseksiyonu

Hasan Kaya¹, Ahmet Ferhat Kaya¹, Mustafa Oylumlu¹, Sinan Demirtaş²

¹ Dicle Üniversitesi Tıp Fakültesi, Kardiyoloji Anabilim Dalı, Diyarbakır, Türkiye

² Dicle Üniversitesi Tıp Fakültesi, Kalp Damar Cerrahisi Anabilim Dalı, Diyarbakır, Türkiye

Anahtar Kelimeler: Aort diseksiyonu, atrioventriküler blok, görüntüleme

Keywords: Aortic dissection, atrioventricular block, imaging

İlgili Yazar

Doç. Dr. Hasan Kaya

Dicle Üniversitesi Tıp Fakültesi

Kardiyoloji Anabilim Dalı,

Diyarbakır, Türkiye

E-mail: dr_hasankaya@yahoo.com

Geliş Tarihi: 08.02.2018 - **Kabul Tarihi:** 03.04.2018

A 62-year old male patient with no known cardiovascular disease was admitted to emergency department with abdominal pain and dizziness. Electrocardiogram showed complete atrioventricular block with 50 beats per minute (Figure A). The patient was transferred to coronary care unit. On the physical examination left arm blood pressure was 90/60 mmHg, while right arm blood pressure could not be measured. Electrocardiogram spontaneously returned to sinus rhythm (Figure B). On physical examination a grade 3/6 diastolic heart murmur was heard at aortic area. Chest X-ray showed enlarged mediastinum (Figure C). Transthoracic echocardiography revealed ascending aorta dilatation (53 mm) with an intimal flap suggesting acute aortic dissection (Figure D). Color Doppler imaging showed a moderate aortic regurgitation. Transesophageal echocardiography showed the dissection flap beginning above the aortic valves extending into the descending aorta (Figure E). Contrast-enhanced computed tomography revealed aortic dissection, starting 1 cm above the aortic cusps and extending distal to renal arteries (Stanford type A) (Figure F-G). The patient was transferred emergently to the operating room. The aortic dissection was

resected and re-approximated using Dacron tube graft (Figure H). Otherwise, he recovered well from the surgery and was discharged 7 days after the operation.

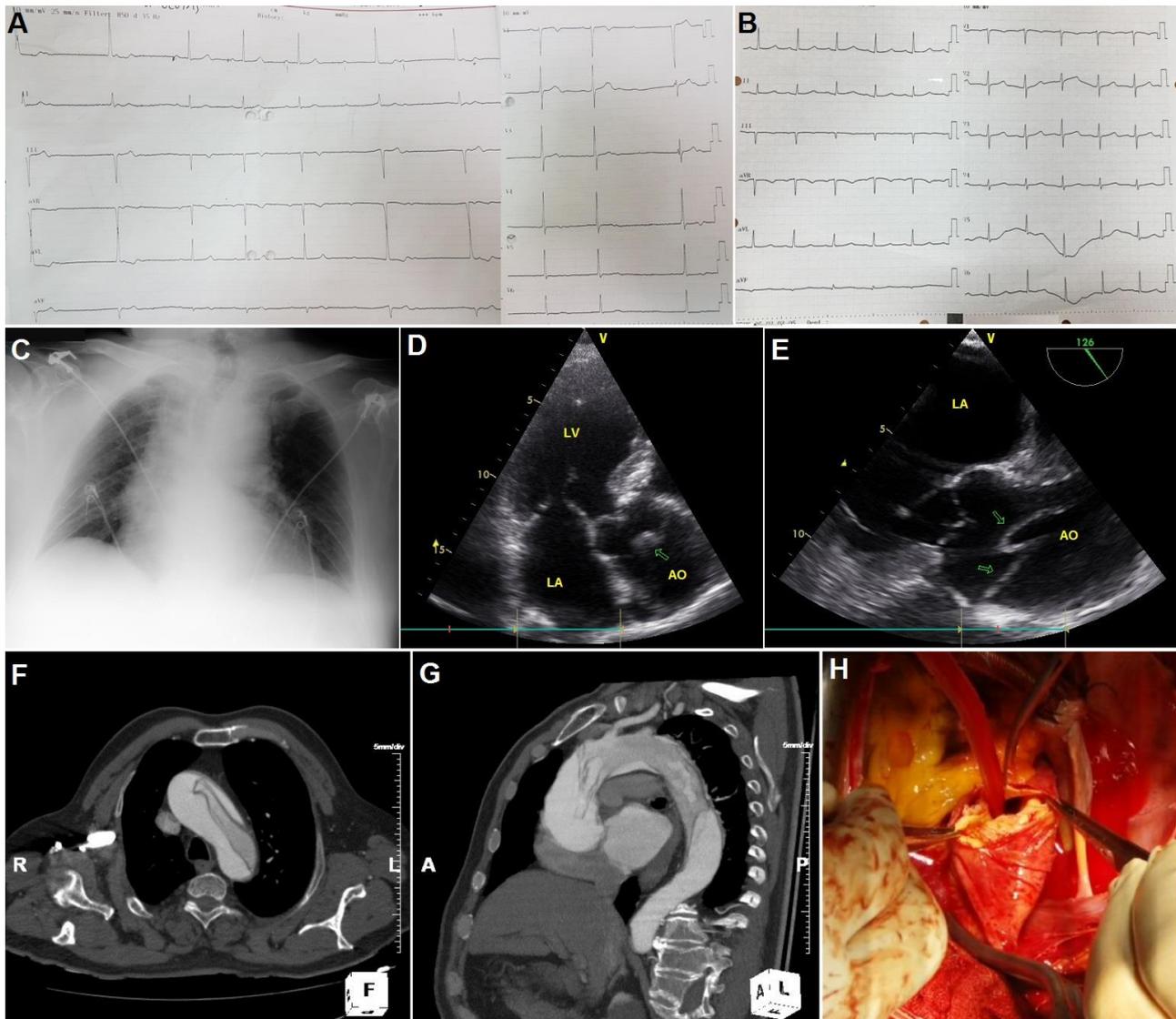


Figure 1. (A) Electrocardiogram on admission showing complete atrioventricular block. (B) Control electrocardiogram showing spontaneous return to sinus rhythm. (C) Chest X-ray showing enlarged mediastinum. (D) Transthoracic echocardiography revealing intimal flap suggesting acute aortic dissection. (E) Transesophageal echocardiography showing the dissection flap beginning above the aortic valves. (F) Axial and (G) sagittal views of the contrast-enhanced computed tomography showing aortic dissection. (H) Intraoperative view showing dissection flap.