



A Rare Cause of Transient Complete Atrioventricular Block: Aortic Dissection

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A 62-year-old male patient with no known cardiovascular disease was admitted to the emergency department with abdominal pain and dizziness. Electrocardiogram showed complete atrioventricular block with 50 beats per minute (Figure 1A). The patient was transferred to the coronary care unit. On physical examination, his left-arm blood pressure was 90/60 mmHg, whereas the right-arm blood pressure could not be measured. Electrocardiogram showed spontaneous return to sinus rhythm (Figure 1B). On physical examination, a grade 3/6 diastolic heart murmur was heard at the aortic area. Chest X-Ray showed enlarged mediastinum (Figure 1C). Transthoracic echocardiography revealed ascending aorta dilatation (53 mm) with an intimal flap, suggesting acute aortic dissection (Figure 1D). Color Doppler imaging showed moderate aortic regurgitation. Transesophageal echocardiography showed the dissection flap beginning above the aortic valves extending into the descending aorta (Figure 1E). Contrast-enhanced computed tomography revealed aortic dissection, starting 1 cm above the aortic cusps and extending distal to the renal arteries (Stanford type A; Figures 1F,G). The patient was immediately transferred to the operating room. The aortic dissection was resected and re-approximated using Dacron tube graft (Figure 1H). Subsequently, the patient recovered well from the surgery and was discharged on postoperative day 7.

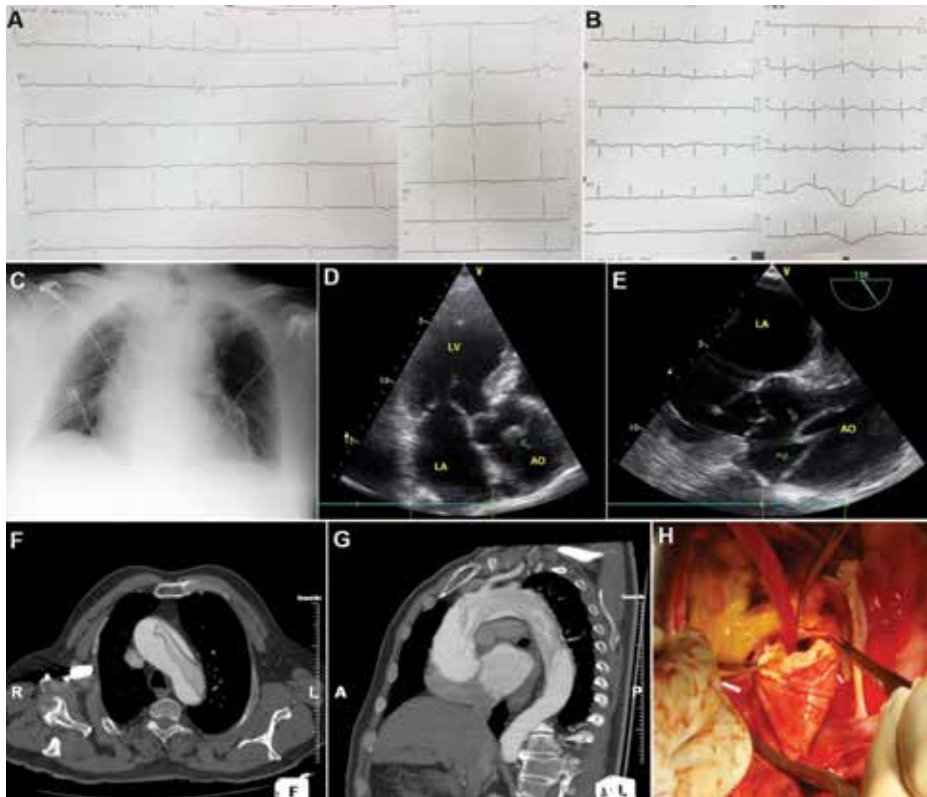


Figure 1. (A) Electrocardiogram on admission showing complete atrioventricular block, (B) Control electrocardiogram showing spontaneous return to sinus rhythm, (C) Chest X-Ray showing enlarged mediastinum, (D) Transthoracic echocardiography revealing intimal flap, suggesting acute aortic dissection,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

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