




■ Case Report

XXS patient with an XXL aorta

Dev aortik anevrizma

Fulya Avcı DEMİR^{1*} , Arda ERKAN² , Alexandros PAPACHRISTIDIS³ ,
Konstantinos C. THEODOROPOULOS³ 

¹ Elmalı State Hospital, Department of Cardiology, Antalya/TURKEY

² Elmalı State Hospital, Department of Radiology, Antalya/TURKEY

³ King's College Hospital, Department of Cardiology, London/ UNITED KINGDOM

Abstract

An 85-year-old woman with small body size was referred to our cardiology clinic due to a longstanding nonspecific abdominal pain. A routine transthoracic echocardiogram revealed a massive ascending aorta aneurysm. A chest CT demonstrated a huge aneurysm of thoracic and abdominal aorta.

Keywords: aortic aneurysm; computed tomography; transthoracic echocardiography

Öz

Küçük vücut ölçülerine sahip 85 yaşında bayan hasta uzun süredir olan nonspesifik karın ağrısı şikayeti ile kardiyoloji polikliniğine başvurdu. Rutin yapılan transtorasik ekokardiyografisinde masif büyüklükte bir asendan aort anevrizması tespit edildi. Torakal Aort BT Anjiyografide anevrizmanın toraks ve abdominal aort yerleşimli olduğu izlendi.

Anahtar kelimeler: aortik anevrizma; bilgisayarlı tomografi; transtorasik ekokardiyografi

Corresponding Author*: Fulya Avcı Demir, Elmalı State Hospital, Department of Cardiology, Antalya/TURKEY

E-mail: fulyaavcidemir@gmail.com

ORCID: 0000-0003-0608-595X

Received: 17.10.2019 accepted: 14.11.2019

Doi: 10.18663/tjcl.633430

Case

An 85-year-old woman with no cardiovascular risk factors and no previous medical history was referred to cardiology clinic due to a longstanding nonspecific abdominal pain. The patient was of small body size (height: 145cm, weight: 40kg,BSA:1.27m²). Clinical examination was unremarkable and blood pressure was 110/70mmHg. A routine transthoracic echocardiogram revealed a massive ascending aorta aneurysm with a diameter of 76mm (Figure 1 - parasternal long axis view, Figure 2 – apical 5 chamber view, Figure 3 – subcostal view).

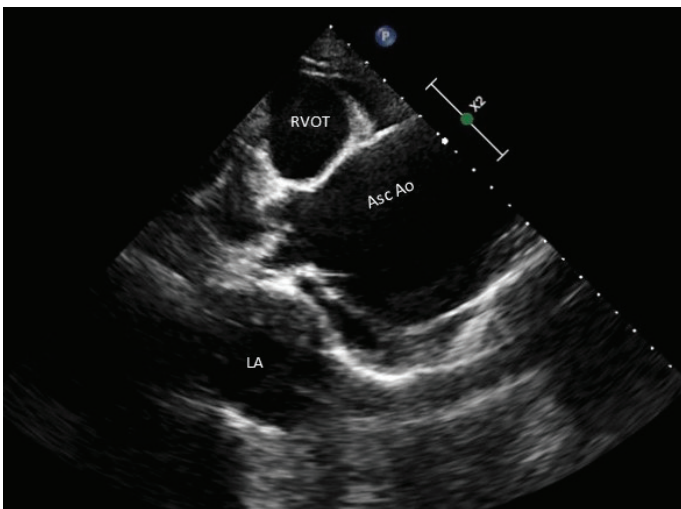


Figure 1. Transthoracic echocardiogram (TTE), parasternal long-axis view, showing the aneurysm beginning just after the sinotubular junction. Asc Ao= ascending aorta, LA= left atrium, RVOT= right ventricle outflow tract

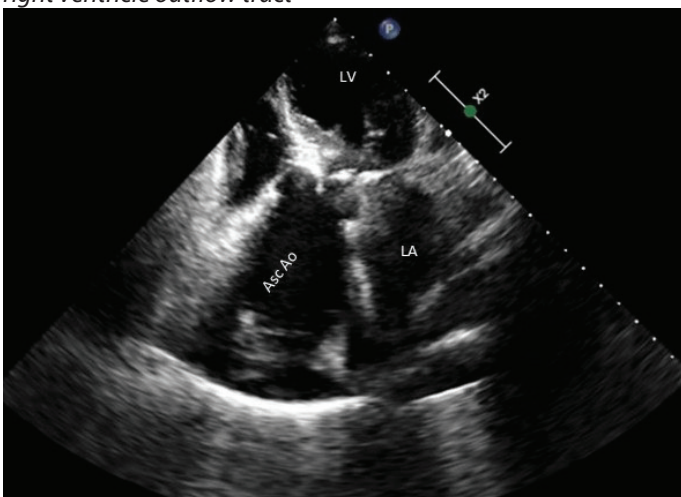


Figure 2. Transthoracic echocardiogram (TTE), apical 5-chamber view showing the ascending aorta aneurysm. Asc Ao= ascending aorta, LA= left atrium, LV= left ventricle

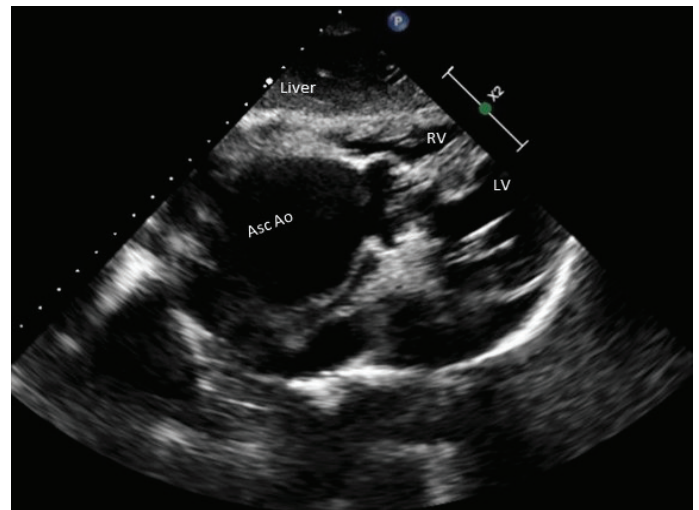


Figure 3. Transthoracic echocardiogram (TTE), subcostal view showing the ascending aorta aneurysm. Asc Ao= ascending aorta, LV= left ventricle, RV= right ventricle

The aortic sinuses (3.1cm) and sinotubular junction (2.7cm) were mildly dilated when indexed to body surface area (2.44cm/m² and 2.12cm/m² respectively).[1] There was only mild aortic regurgitation. Both ventricles had normal size and normal systolic function. There was no pericardial effusion.

A chest CT demonstrated an aneurysm of thoracic and abdominal aorta. Maximum dimensions were 78 x 75mm at the level of mid-ascending aorta. The aneurysm was beginning just after the sinotubular junction (Figure 4, Panel A -axial contrast enhanced CT scan, Panel C–sagittal view CT scan) and was extending up to the celiac artery. An irregular-shape eccentric mural thrombus with ulceration was found within the aneurysm at the thoracic-abdominal level causing 50-60% lumen narrowing (Figure 4, Panel A-red arrows). The presence of a large aortic aneurysm in a small size chest was causing trachea and mediastinum were shift to the right and decrease in lungs' volumes (Figure 4, Panel B -axial contrast enhanced CT scan of the ascending and descending aorta).

Surgical treatment was offered, but the patient declined due to advanced age. Treatment with b-blocker was commenced with recommendation for tight blood pressure control.[2]

* The study was performed in accordance with the Declaration of Helsinki's Good Clinical Practice guidelines and approved by the local ethical committee. Written informed consent was provided.

Declaration of conflict of interest

The authors received no financial support for the research and/or authorship of this article. There is no conflict of interest.



References

1. Lang RM, Badano LP, Mor-Avi V et al. Recommendations for cardiac chamber quantification by echocardiography in adults: an update from the American Society of Echocardiography and the European Association of Cardiovascular Imaging. *Eur Heart J Cardiovasc Imaging* 2015; 16: 233-70.
2. Erbel R, Aboyans V, Boileau C et al. 2014 ESC Guidelines on the diagnosis and treatment of aortic diseases: Document covering acute and chronic aortic diseases of the thoracic and abdominal aorta of the adult. The Task Force for the Diagnosis and Treatment of Aortic Diseases of the European Society of Cardiology (ESC). *Eur Heart J* 2014; 35: 2873-926.