ACUTE AORTIC DISSECTION: A POSSIBLE HIGH RISK SCENARIO OF PERIPARTUM

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Background

- Aortic dissection (AoD) during pregnancy is rare and life-threatening for both mother and fetus (1)
- According to the International Registry of Acute Aortic Dissections, the peripartum period of pregnancy confers a risk for AoD of 0,2% (2)
- Aortic dissections often develop among individuals with connective-tissue disorders associated with abnormalities of the aortic wall, such as those present in familial thoracic aortic aneurysm/dissection, Marfan syndrome, Loeys-Dietz syndrome, vascular Ehlers-Danlos syndrome, and bicuspid aortic valve disease or Turner syndrome (3)
- Type A aortic dissection is the presence of dissection proximal to the left subclavian artery (Stanford classification)
- Aortic dissection is considered a surgical emergency and if untreated the mortality rate is extremely high

Case Report

42-year-old women, ASA II, submitted to a c-section at 34 weeks per non tranquilizing CTG, with no significant past medical history

Conclusions

- It has been reported that pain is the most common symptom or complaint at the onset of Aod
- Although the patient´s symptoms were not suggestive of aortic dissection the diagnosis was made in the least possible time
- Echocardiography and CT scan were determinant to make a differential diagnosis from acute pulmonary embolism

Learning Points

Pregnancy is an independent risk factor for aortic dissection. Although the clinical manifestations of acute aortic dissection are well described, the diagnosis is often overlooked in pregnancy.

References: 1) Immer FF, Bansi AG, Immer-Bassi AS. Aortic dissection in pregnancy: analysis of risk factors and outcome. Ann Thorac Surg. 2003; 76: 309-314; (2) Isselbacher EM. Epidemiology of thoracic aortic aneurysms. Aortic Dissection and related syndromes. New York: Springer; 2007:1-15 (3) Braverman AC. Acute aortic dissection: clinican update. Circulation. 2010; 122:184-188