A surgical treatment for frank rupture of acute type A small intramural hematoma

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Abstract

A 71-year-old woman was admitted to the hospital due to cardiac tamponade. Computed tomography revealed that the diameter and wall thickness of the ascending aorta was 36 mm and 9 mm, respectively. An emergency surgery was performed uneventfully. The pathological findings indicated frank rupture of intramural hematoma.

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Data Availability Statement

All relevant data are within the manuscript and its Supporting Information files.

Conflicts of interest statement

Authors declare no conflict of interest.

Written informed consent was obtained from the patient to publish this report in accordance with the journal's patient consent policy

ABSTRACT

A 71-year-old woman was admitted to the hospital due to cardiac tamponade. Computed tomography revealed that the diameter and wall thickness of the ascending aorta was 36 mm and 9 mm, respectively. An emergency surgery was performed uneventfully. The pathological findings indicated frank rupture of intramural hematoma.

Key Clinical Message

Acute type A small intramural hematoma should be aware of fatal complications.

The treatment of acute type A intramural hematoma (IMH) has been controversial. It is reported that initial medical treatment with blood pressure and pain control and repetitive imaging may be a reasonable option, particularly in the absence of aortic dilation (<50 mm) and IMH thickness <11 mm[1)]. A 71-year-old woman was admitted to the hospital due to cardiac tamponade. Computed tomography revealed that the diameter and wall thickness of the ascending aorta was 36 mm and 9 mm, respectively, indicating type A intramural hematoma [Fig. (A, B)]. An emergency surgery was performed, but it resulted in uneventful outcomes [Fig. (C, D, E)]. The pathological findings indicated frank rupture of intramural hematoma [Fig. (F)]. Acute type A small IMH is rare; however, physicians should be aware of this possible complication.

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FIGURE LEGENDS

Figure. Preoperative computed tomographic image (A)(B). Intraoperative image (C)(D)(E). Pathological image (F).