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Intraventricular Intimal Intussusception of Stanford Type A Dissection

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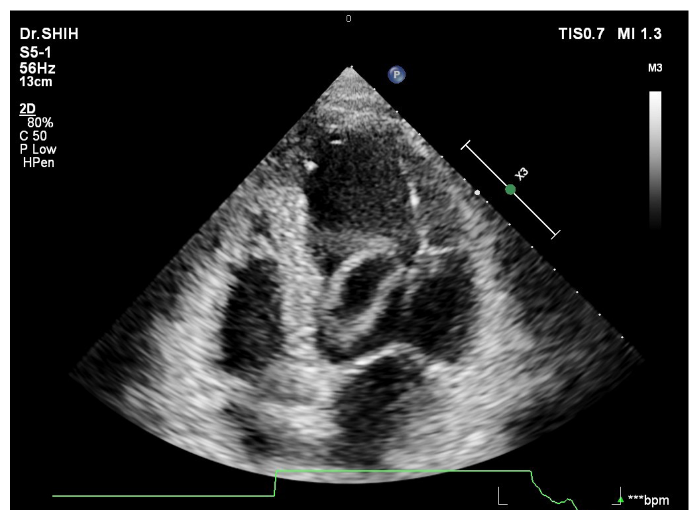
Clinical Image Description

A 47-year-old woman with hypertension presented with chest pain radiating to her back in the morning. She was transferred from metropolitan hospital to our medical center emergency department under the impression of acute Stanford type A aortic dissection. Cardiogenic shock with systemic malperfusion was presented at triage with blood pressure of 70/40 mmHg and elevated liver, kidney, and cardiac enzymes. Echocardiography was done by cardiologist showed intussusception of dissecting intimal flap into left ventricle. Computed tomography also revealed compatible findings. The circular prolapse flap extended more than 5cm into the left ventricle causing acute aortic regurgitation and compromising both coronary artery ostium. The patient was sent for emergent operation with aortic root reconstruction combined with ascending aorta and total arch replacement with frozen elephant trunk. The surgery went well and the patient recovered gradually after the operation.



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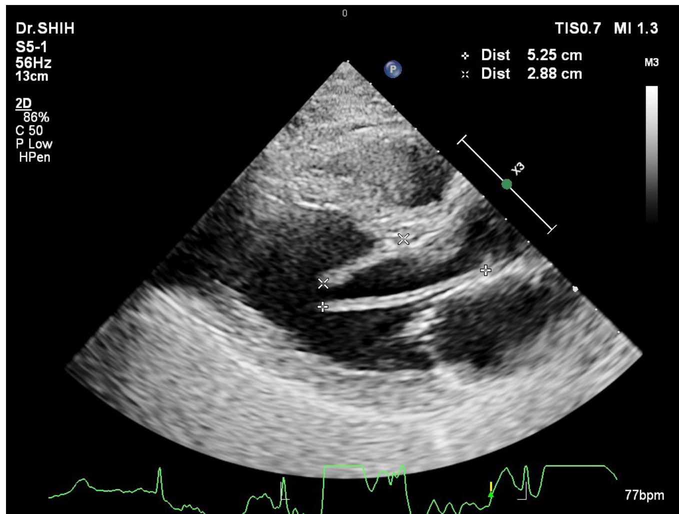
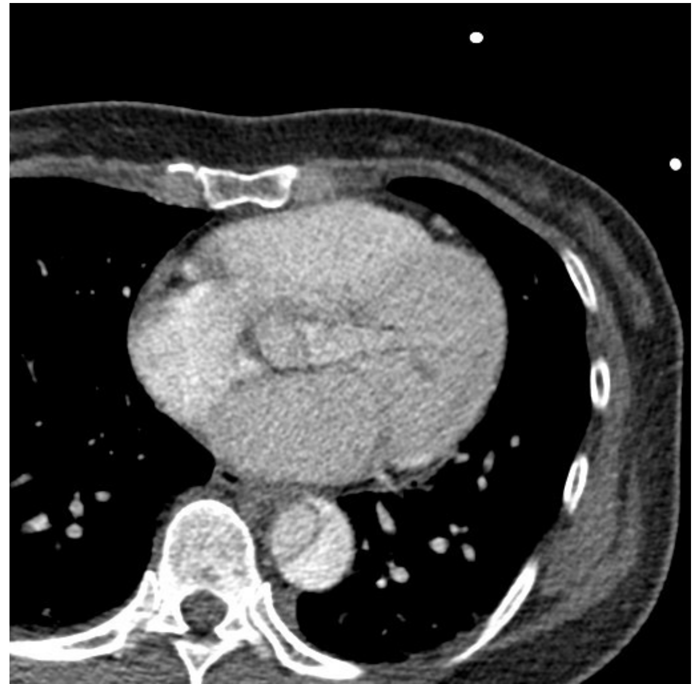
Apical four chamber view showed circular dissecting intimal flap intussuscepted into left ventricle.



Parasternal long axis view showed dissecting intimal flap intussusception with restriction of aortic valve and compromising both coronary ostium. The longest dissecting flap extended 5.25cm into the left ventricle.



Computed tomography revealed compatible findings to the echocardiography.