SEEING THE INVISIBLE: PAINLESS AORTIC DISSECTION IN THE EMERGENCY SETTING

► Acute dissection of the aorta is among the most dramatic cardiovascular emergencies. However, a timely diagnosis can be elusive in the event of an atypical presentation.

In this report, we present two patients with painless aortic dissection who were misdiagnosed during their initial evaluation in the emergency department.

A previously healthy 25 year old man was admitted to the emergency department (ED) with shortness of breath, pink sputum, cough, and fever. The patient was admitted to the coronary care unit with the diagnosis of "myocarditis associated with pneumonia".

Another patient 86 year old man was admitted to the ED with complaints of increasing fatigue for 10 days, and dyspnea and palpitations over the previous three to four days. The patient was admitted to the cardiology ward with the diagnosis "pericarditis". However, the patient insisted to be discharged from the hospital without further evaluation. After 10 days, the patient presented to the ED again with complaints of paresthesia and weakness in the right leg.

In conclusion, a high index of suspicion is of vital importance in establishing a diagnosis of this catastrophic emergency which is associated with serious morbidity and mortality.

▲ Ayrik C, Cece H, Aslan O, *et al.* Seeing the invisible: painless aortic dissection in the emergency setting. *Emerg Med J* 2006;23:e24. <http://emjonline.com/cgi/content/full/23/3/e24>. doi: 10.1136/emj.2004.021790

IMAGE IN EMERGENCY MEDICINE

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Take a closer look

Figure 1 A tiny subconjunctival discolouration raises the suspicion of a puncture wound (written consent from the patient was obtained for publication of this image)

A 27 year old male presented to casualty with blurred vision in the right eye after grinding metal with a rotatory mechanical brush. On examination the vision in the right eye was 6/36 and the conjunctiva was injected. A tiny subconjunctival discolouration raised the suspicion of a puncture wound (fig 1) and an orbital x ray (fig 2) revealed an intraocular foreign body. The patient was urgently referred for surgical removal of the foreign body by vitrectomy. This case highlights the need to be aware of the risk of penetrating trauma in patients with a history of grinding hard objects, particularly metal, even when the physical findings are minimal.

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Declaration: I have written consent from the patient for publication of the image in print and online.

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Figure 2 Orbital x ray reveals an intraocular foreign body (written consent from the patient was obtained for publication of this image)