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Concomitant Aortic Dissection Resulting in Left Main Coronary Transection

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Transesophageal echocardiography was performed on a 48-year-old gentleman with lateral ST-segment elevation myocardial infarction because mediastinal widening was observed on chest roentgenogram. It demonstrated a large dissection flap, extending into the left main ostium (Fig. 1). At surgery, a circumferential dissection (Fig. 2), near-transection of the left main, and carotid dissection, were observed. Postoperatively, the patient died from probable cerebral herniation.

Concomitant myocardial infarction and aortic dissection are a rare event. Failure of diagnosis can result in

Figure 1. Large aortic dissection flap (double arrows) with involvement of, and extending into, the left main coronary ostium (single arrow).

Figure 2. Surgical pathological specimen demonstrating a circumferential aortic dissection.

catastrophic complications such as tamponade and mediastinal hematoma from erroneous thrombolysis.¹ Immediate surgery is recommended in these patients, without delay for antecedent cardiac catheterization.

Reference

1. Marian AJ, Harris SL, Pickett JD, Campbell E, Fromm RE: Inadvertent administration of rtPA to a patient with type 1 aortic dissection and subsequent cardiac tamponade. *Am J Emerg Med.* 1993;11:613–615.