

## Case study

VASCULAR DISEASES

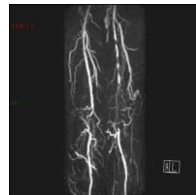
### Case 1

- ▶ A 75-year-old man complained of resting pain of the legs.

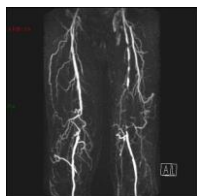
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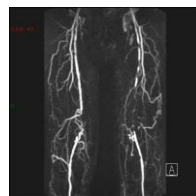
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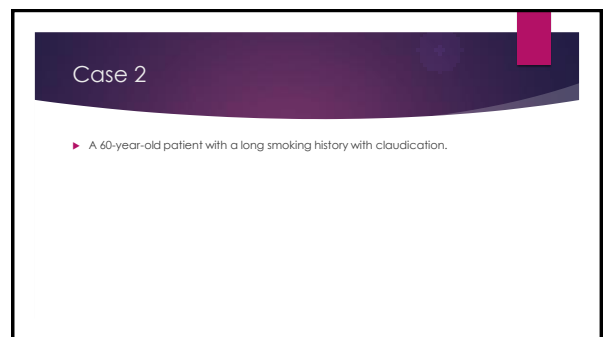
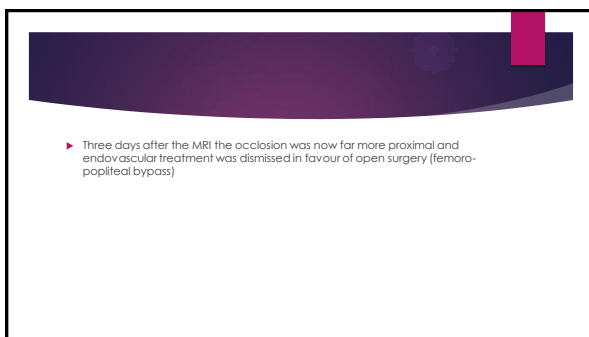
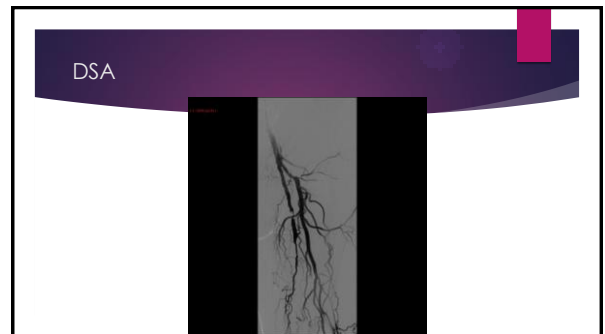
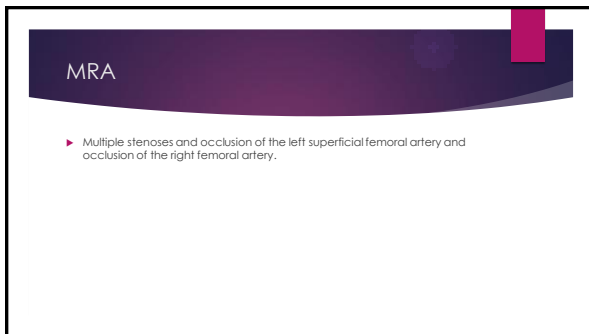


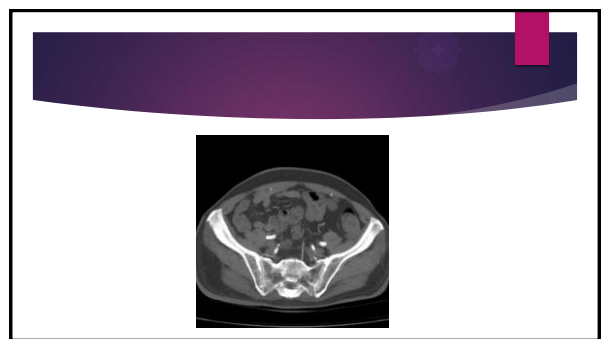
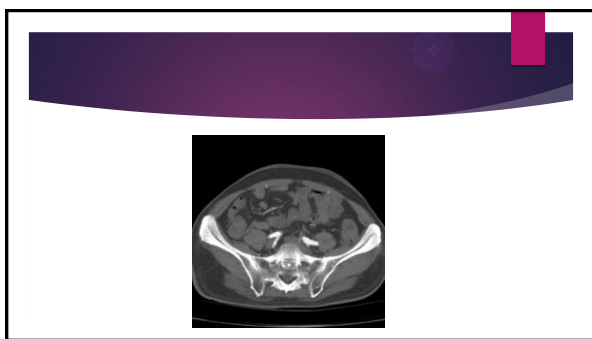
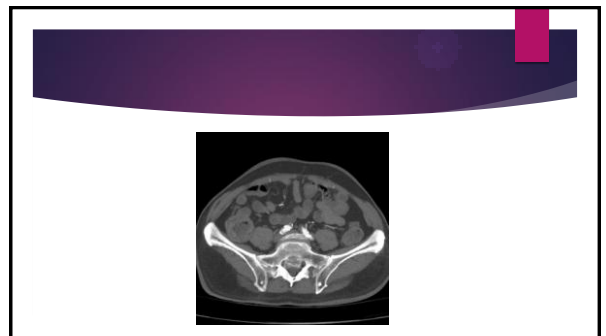
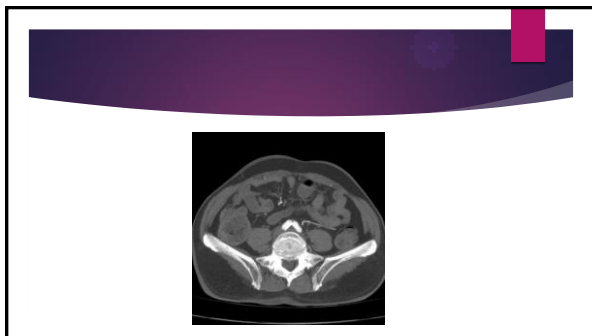
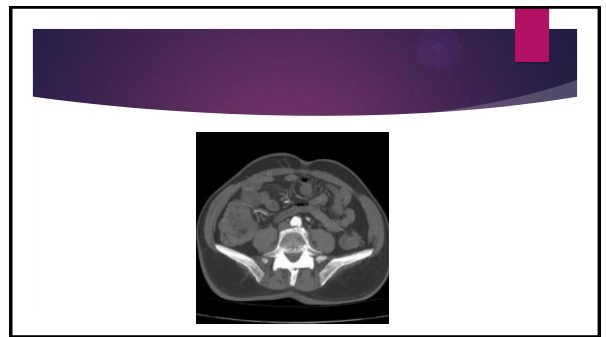
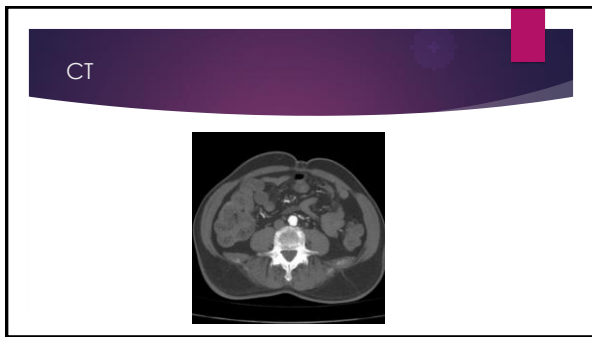
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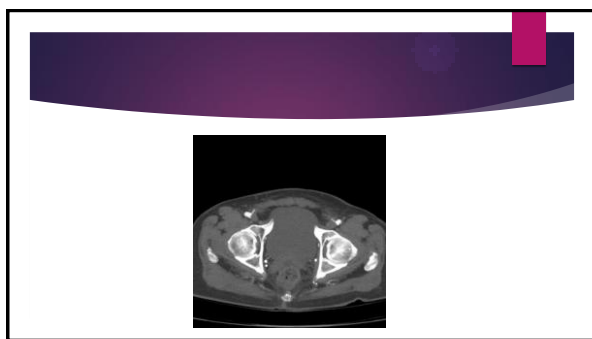
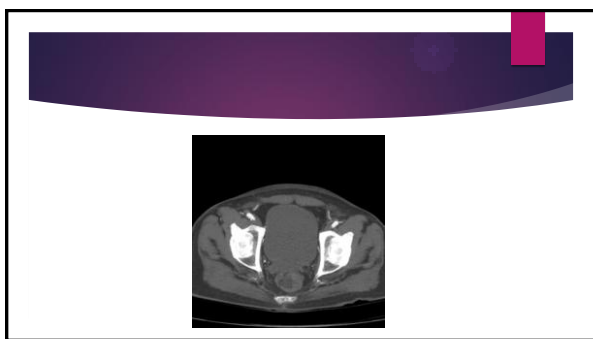
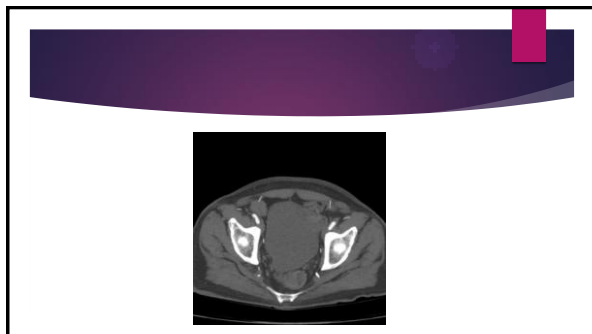
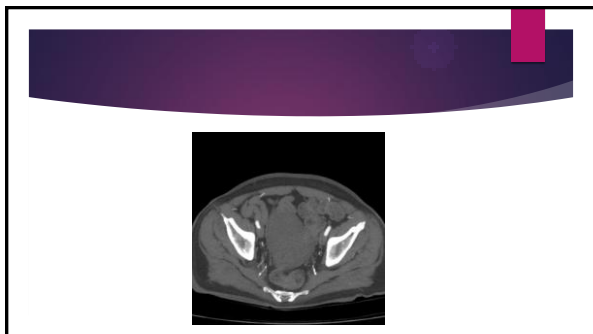
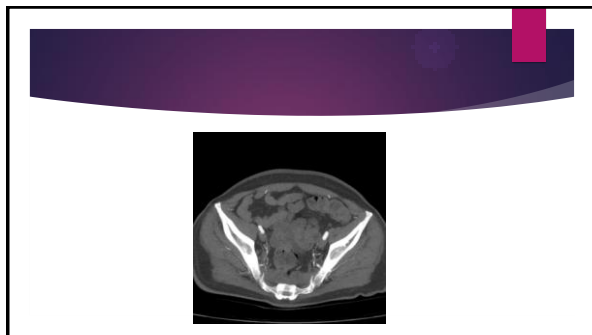
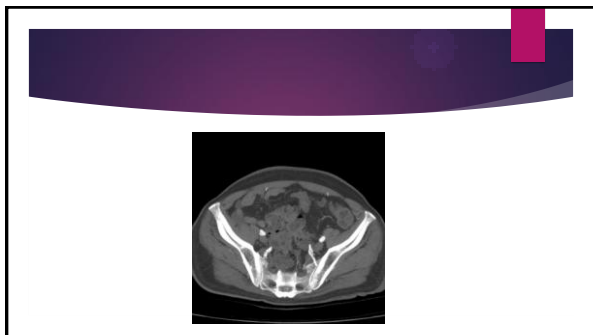


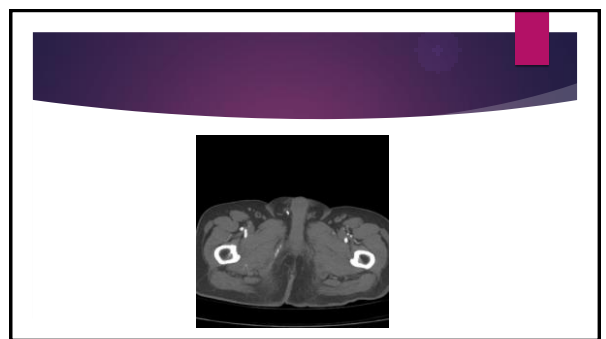
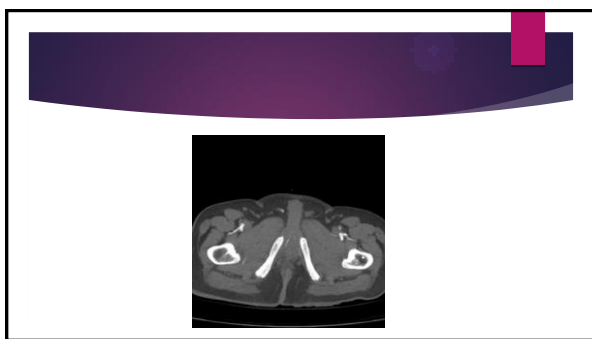
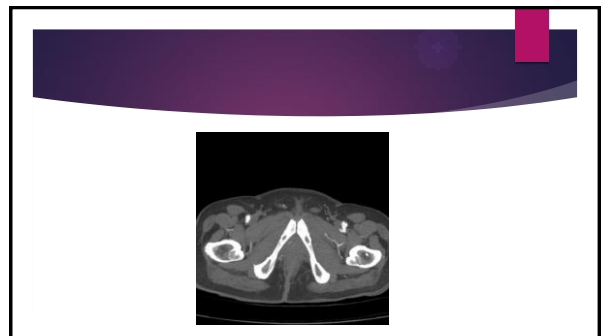
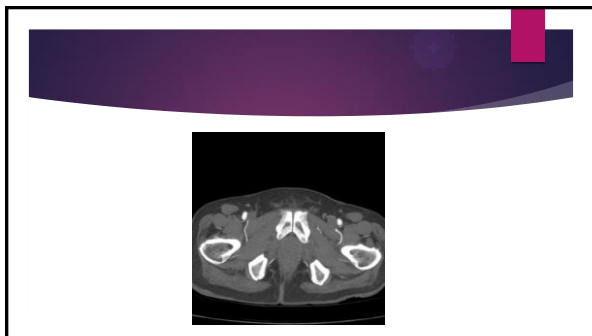
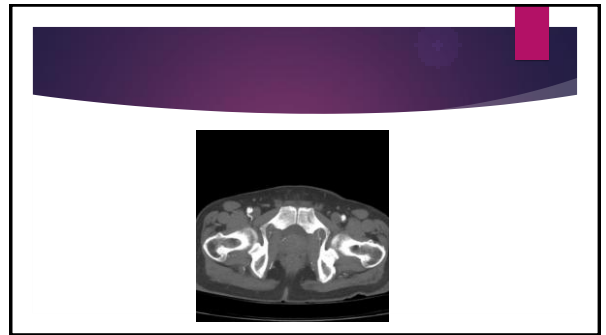
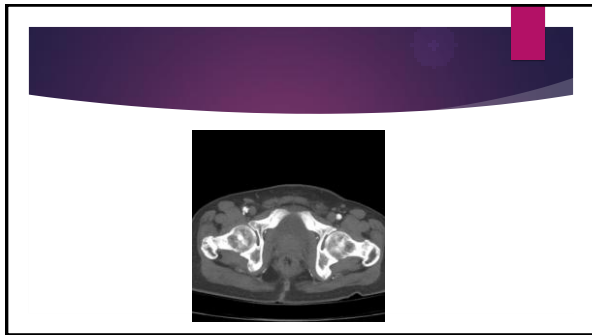
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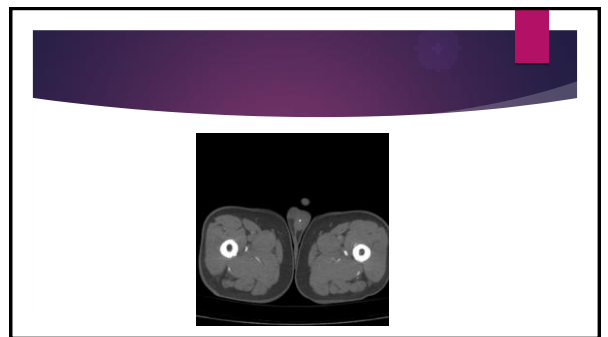
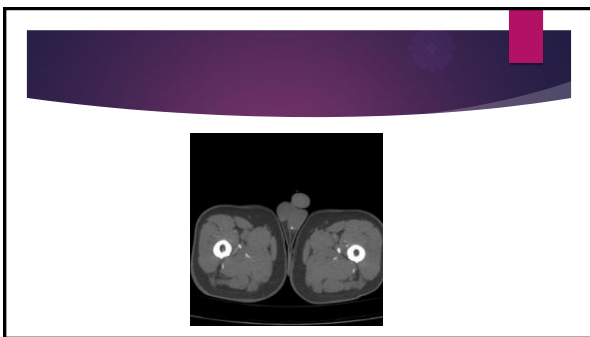
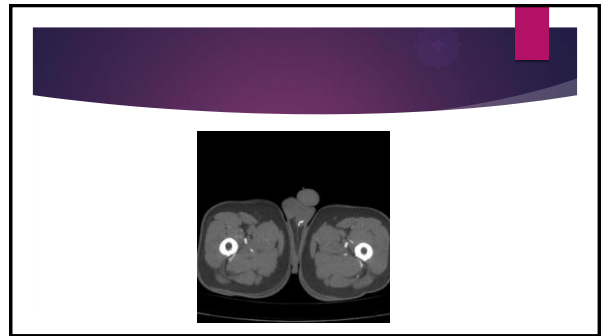
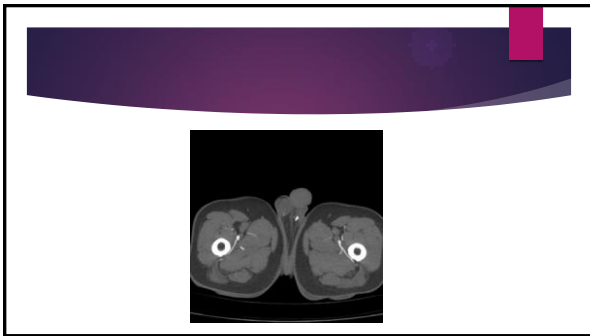
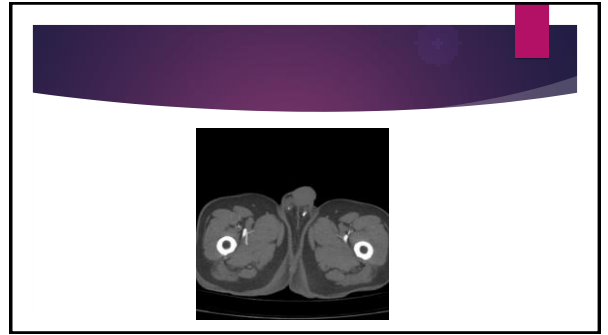
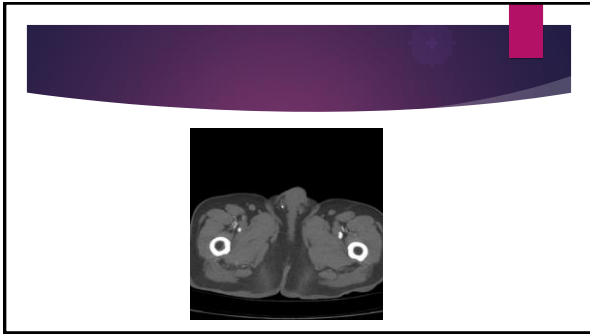


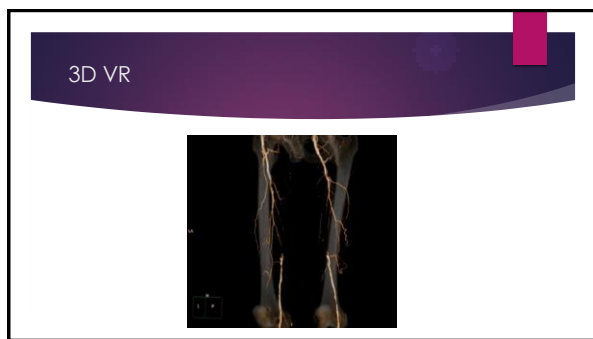
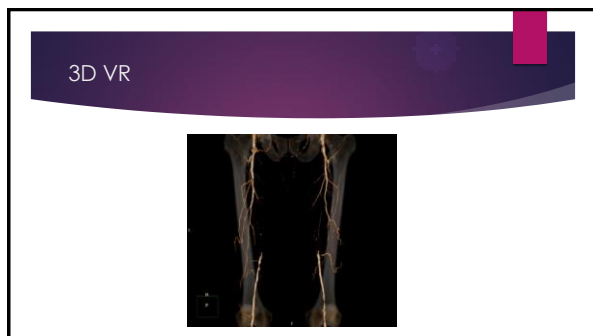
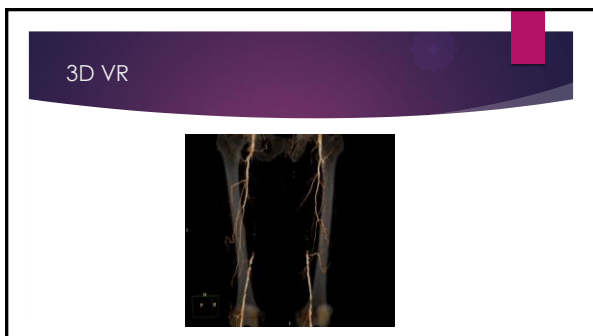
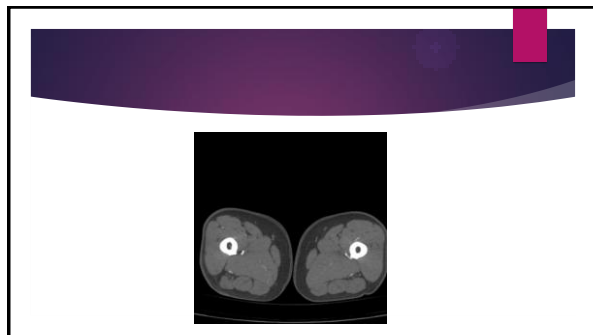
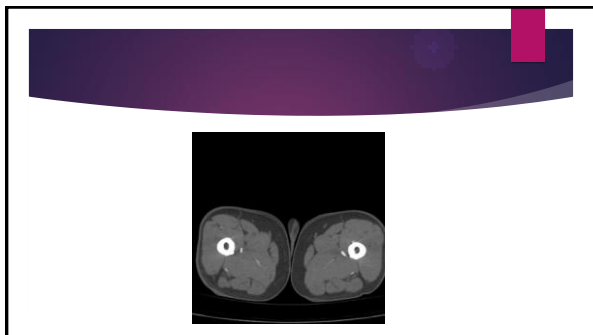


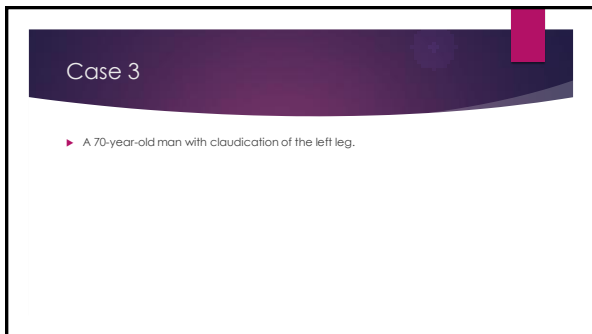
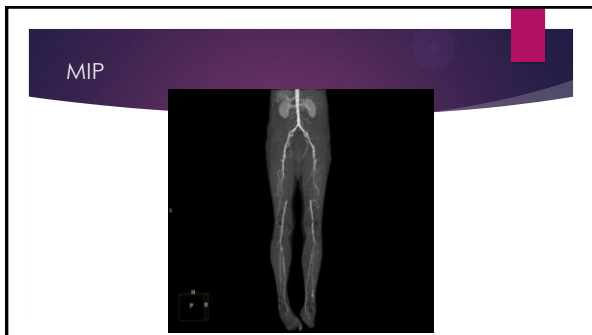




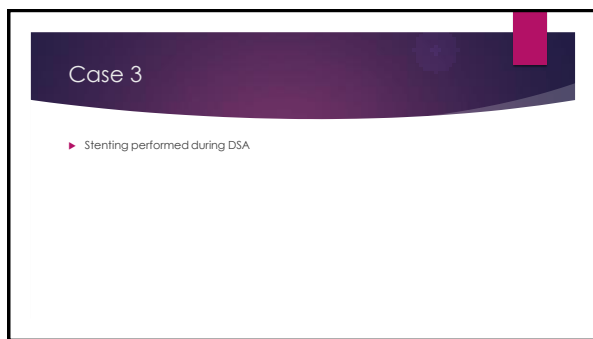
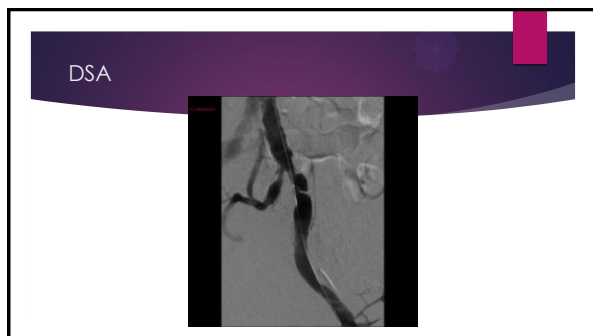
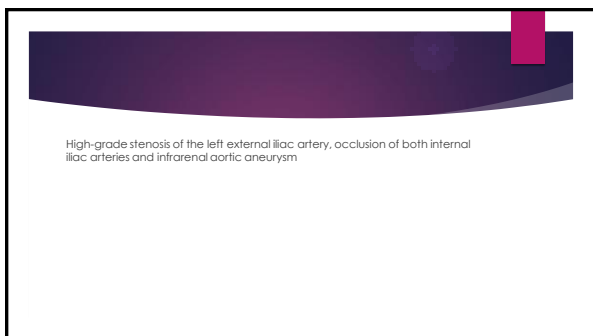
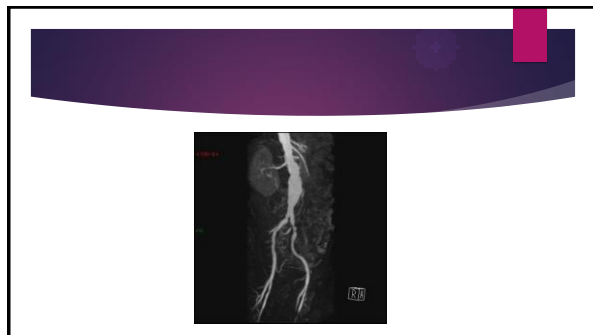
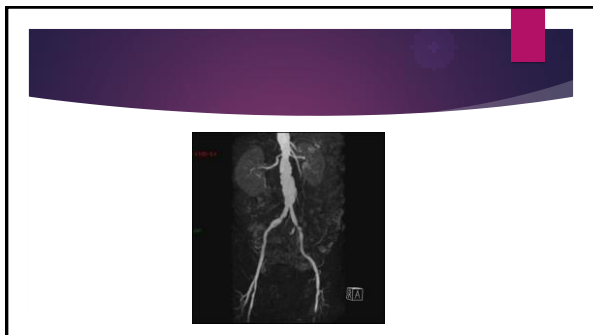








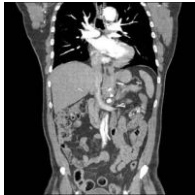
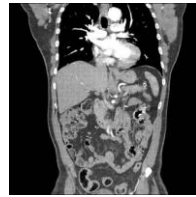




## Case 4

- ▶ An elderly male complained of back pain and abdominal tenderness.

## CTA





#### Case 4

- ▶ Stanford type B aortic dissection.

#### Case 4

- ▶ Thoracic aortic dissection is commonly divided according to the Stanford classification into type A (involving the ascending aorta or aortic arch) and type B (involving the descending thoracic aorta only).
- ▶ The main causes of dissection are hypertension, atherosclerosis, Marfan's syndrome, Ehlers-Danlos syndrome, vasculitis, pregnancy and iatrogenic (aortic catheterisation).
- ▶ Type A dissection may also result in coronary artery occlusion, aortic regurgitation and pericardial tamponade and therefore management of this type of dissection is usually emergency surgical repair.
- ▶ Type B dissections are usually managed with aggressive blood pressure control unless there are complications.

#### Case 5

- ▶ A 65-year-old man complained of sudden onset epigastric abdominal pain, radiating to the back.

### Chest radiograph

There is displacement of aortic arch calcification away from the aortic silhouette. This indicates lifting of the intimal calcification.

The heart contour is enlarged, with apical of the contour indicating left distal enlargement. Lung detail has been obscured by the heavy windowing, and while there was no air space opacity a small left pleural effusion is present.



### CTA - Axial

Contrast is seen filling both the true and false lumens of a type A thoracic aorta dissection. The dissection flap commencing at the aortic root and extending distally. The ascending aorta is also dilated.



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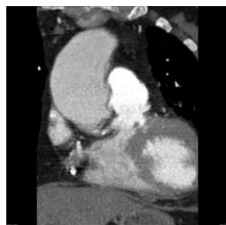
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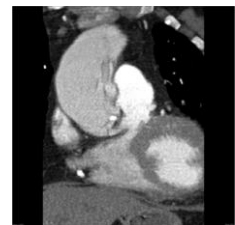
## CTA - Coronal

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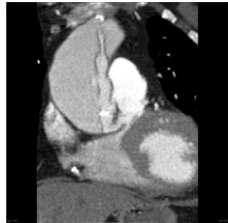
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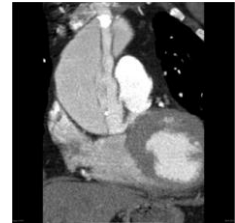
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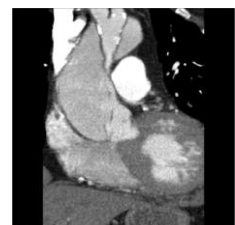
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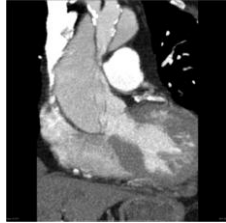
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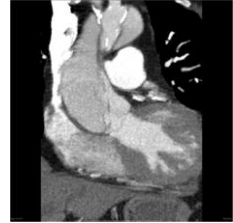
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### Case 5

- The patient was deemed unsuitable for open repair, and conservative management was adopted.