

Figure 1. Parasternal long axis view.

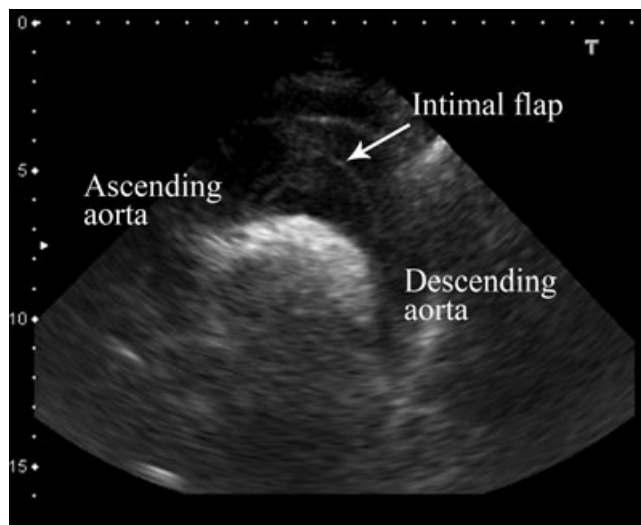


Figure 2. Suprasternal view.

Diagnosis of Ascending Aortic Dissection Using Emergency Department Bedside Echocardiogram

A 36-year-old white male with history of hypertension and schizophrenia presented to the emergency department (ED) with several hours of severe throat pain and shortness of breath that began abruptly while climbing stairs. Examination revealed a severely agitated, pale, diaphoretic patient who was vomiting. The patient's pulse was noted to be 100 beats/min, with blood pressure 70/35 mmHg. Examination of the oropharynx and neck was unremarkable. Examination of the chest revealed only occasional rales and tachycardia. A chest radiograph revealed cardiomegaly and pulmonary edema. An ED bedside echocardiogram was performed by an emergency physician. Significant aortic root dilatation was seen on a parasternal long axis view (Figure 1). An intimal flap extending around the aortic arch was visualized on a suprasternal view (Figure 2). Surgery was immediately consulted and the patient was taken to the operating room. In this case, early ultrasound diagnosis (videos available as online Data Supplements at <http://www.blackwell-synergy.com/doi/suppl/10.1111/j.1553-2712.2008.00106.x>) led to prompt operative intervention, and the patient was ultimately discharged from the hospital several weeks later.

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Supplementary Material

The following supplementary material is available for this article:

Video Clip S1. Aortic dissection PSLA.

Video Clip S2. Aortic dissection suprasternal.

The video clips are in QuickTime.

This material is available as part of the online article from: <http://www.blackwell-synergy.com/doi/suppl/10.1111/j.1553-2712.2008.00106.x>

(This link will take you to the article abstract).

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