

# Aortic Dissection

**Definition:** separation of the aortic intima, creating a false passage into which blood can flow

## Classification by location of dissection:

### Stanford:

Type A – proximal to left subclavian artery

Type B – distal to left subclavian artery

### De Bakey:

Type I – AA + aortic arch + DA

Type II – AA only

Type III – DA proximal to left subclavian artery

## ■ Risk factors:

- Male > female
- Age 50-70yrs
- Co-morbidities: Marfan syndrome, bicuspid AV, Loeys-Dietz syndrome, vascular EDS, pregnancy, recent valve/aortic procedures

## ■ Presentation

- Acute, severe chest pain ('tearing', 'ripping')
- Interscapular/back pain
- Left/right BP differential
- Diastolic murmur
- Hypertension

## ■ Investigations

- ECG
- Blood gas
- **CT angiography of whole aorta**

## ■ Management

- Avoid hypertension – treat with beta blockers and sodium nitroprusside
- Resuscitate with balanced crystalloid
- Analgesia
- Surgical intervention
  - Immediate for Stanford Type A, may be conservative for Type B

