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CARDIOVASCULAR FLASHLIGHT

doi:10.1093/eurheartj/ehs115 Online publish-ahead-of-print 9 July 2012

Balloon-like intimal flap in the left ventricle

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A 61-year-old man with a prior history of hypertension presented to the emergency department with loss of counsciousness and right hemiplegia. His physical examination revealed low blood pressure (80/50 mmHg on both arms) and normal sinus rhythm on electrocardiogram. Diffusion magnetic resonance imaging showed a relatively large infarct in the left parietal hemisphere. The cardiovascular examination was unremarkable. The transthoracic echocardiography revealed a dilated proximal aorta of 5.6 cm, a large balloon-like intimal flap prolapsing into the left ventricle in diastole, and severe aortic regurgitation contained by the flap. The left ventricle was hypertrophic with no wall motion abnormality. Approximately 5-10% of the patients with aortic dissection have accompanying ischaemic stroke



through the occlusion of cerebral vessels by the extension of dissection to carotid arteries, by the closure of vessels by the intimal flap, or by distal embolization of the thrombus formed in the false lumen. Diastolic prolapse with back-and-forth movement of the intimal flap is a rare cause of aortic insufficiency in aortic dissection and is a result of total or near-total circumferential tear. To our knowledge, aortic regurgitant flow contained by the intimal falp is the first to be reported and had caused low cardiac output syndrome in our patient. The patient was operated with the Bentall procedure and intraoperative findings confirmed that the patient had Stanford type A dissection with a mobile flap and thrombus in the false lumen. Distal embolization was the possible cause of stroke. Routine echocardiograpic examination which revealed aortic dissection is advisable in every patient with cerebrovascular accident in the thrombolytic era.

Panel: Transthoracic echocardiographic views demonstrating aortic dissection, intimal flap, and the regurgitant flow contained by the flap.

Supplementary material is available at European Heart Journal online.

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