(12 marks)

A 48-year-old man with presents to your Emergency Department with abrupt onset left chest pain radiating to his back and abdomen. His vital signs on presentation are as follows:

HR: 110 bpm

BP: 150/96 mmHg

RR: 24 breaths/minute

O2 Sats: 98 % (room air)

Temp: 36.5 0C

You suspect the diagnosis to be an aortic dissection.

List 5 (five) clinical examination findings other than those already given that would support the diagnosis of aortic dissection. (5 marks)

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List three (3) specific ECG syndromes that may be seen in a patient with aortic dissection? (4 marks)

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List 3 (three) indications for surgical repair of a Stanford Type B aortic dissection. (3 marks)

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MODEL ANSWER

List 5 (five) clinical examination findings other than those already given that would support the diagnosis of aortic dissection. (5 marks)

* Findings in keeping with acute ischaemic stroke
* Acute limb ischaemia
* Pulse deficits or delays
* BP difference > 15mmHg between left and right upper limbs
* AR murmur
* Findings in keeping with acute cardiac tamponade (Beck’s triad)
* Other reasonable answers accepted (altered conscious state, CCF, carotid bruit, pulsus parapdoxus etc) I didn’t accept haemothorax; this is increasingly becoming an issue.

List three (3) specific ECG syndromes that may be seen in a patient with aortic dissection? (4 marks)

* Inferior STEMI
* Pericarditis
* Electrical alternans

List 3 (three) indications for surgical repair of a Stanford Type B aortic dissection. (3 marks)

* Leaking or ruptured aorta
* End-organ ischaemia
* Extension of dissection despite appropriate medical management
* Refractory pain
* Severe uncontrolled hypertension

References:

* Cameron’s Textbook of Adult Emergency Medicine (4th Edition)
* Rosen’s Emergency Medicine (9th Edition)