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## Images in vascular medicine

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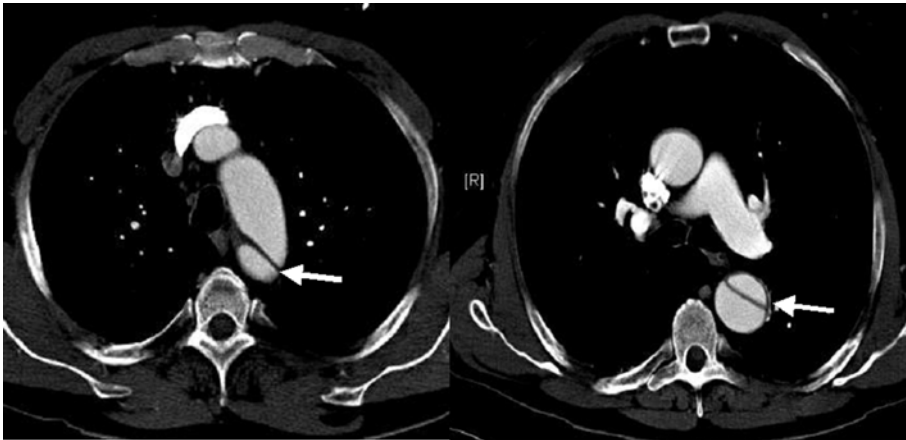
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## Images in vascular medicine

### Undiagnosed fatal mesenteric ischemia in acute type B aortic dissection

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Panel A



Panel B

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A 48-year-old man with a 2-day history of acute onset of upper back discomfort was admitted to the hospital. Physical examination was unremarkable and a chest radiograph was normal. A computed tomographic (CT) scan confirmed acute aortic dissection type B without ischemic complications (Panel A, white arrows show dissection membrane). The patient was treated with aggressive blood-pressure control in the intensive care unit. Measurement of serum lactate, GOT

(glutamat-oxalat-transaminase), GPT (glutamat-pyruvat-transaminase), LDH (laktatdehydrogenase), creatinine and urea confirmed highly elevated levels 20 hours later. The patient did not have abdominal pain. A CT scan was repeated (Panel B), suggesting hemodynamic impairment of the superior mesenteric artery (SMA) originating from the collapsed true lumen (TLC; arrows) due to low contrast enhancement. Selective angiography suggested compromised perfusion of the SMA due to delayed contrast inflow (Panel C, movie clip). The

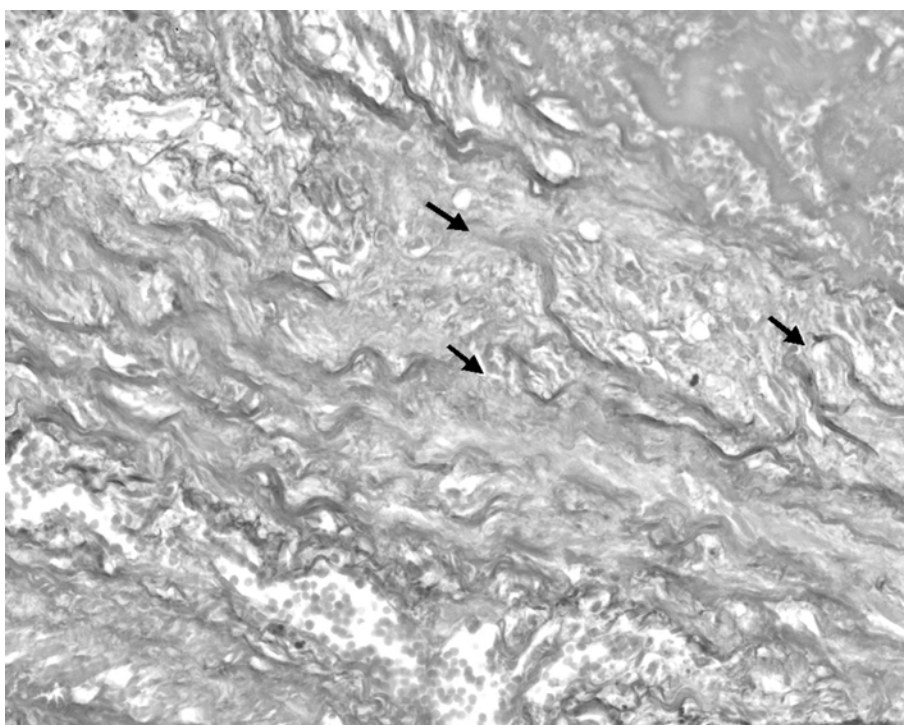


Panel C (and movie)

patient underwent endovascular repair. An acute abdomen developed 12 hours after endograft implantation. At immediate surgery the colon was found to be ischemic and a bowel resection was performed (Panel D). The patient died of multiorgan failure on day 3 after surgery. Medial dissection of the aortic wall with fragmentation of elastic lamellae, suspicious for connective tissue disorder, is seen on histological sections (van Gieson-elastic stain, 100 $\times$ ) (Panel E, arrows indicate tears of elastic fibers). Mesenteric ischemia remains a very difficult diagnostic and therapeutic problem. The role of endovascular treatment of acute asymptomatic type B dissection in the early onset needs to be evaluated in the future.



Panel D



Panel E

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