



Aortic Dissection – A Great Mimicker of Acute Appendicitis

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BACKGROUND

Abdominal aortic dissection (AAD) and acute appendicitis are two common causes of acute abdomen. In this article, we present a case of aortic dissection mimicking acute appendicitis and highlight the importance of prompt imaging and treatment.

CASE DESCRIPTION

- A 27 years old gentleman with underlying chronic rheumatic heart disease (CRHD) presented with acute right iliac fossa pain.
- Examination revealed significant right iliac fossa tenderness without renal angle tenderness.
- Ultrasonography of the abdomen showed no abnormalities of the kidneys. An open appendicectomy was performed.
- Postoperatively patient still complained of right iliac fossa pain and a sudden onset of right lower limb discomfort associated with numbness.
- Physical examination showed features of Rutherford 2a acute limb ischemia.
- A prompt targeted CT angiography showed thrombosis of the right common iliac artery and right renal artery with an aortic dissection proximal to the celiac artery.

IMAGING

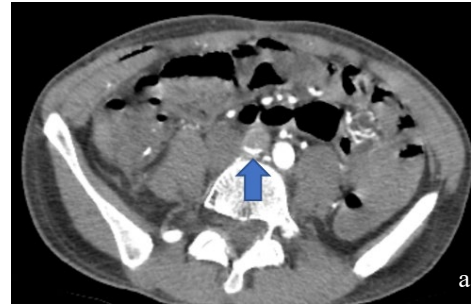


Figure 1a; Thrombosis of the right common iliac artery

Figure 1b; Lack of right renal enhancement on CT angiography

DISCUSSION

Abdominal aortic dissection can be classified anatomically via the Stanford classification - Stanford Type A are aortic dissections involving the ascending aorta while Stanford Type B does not involve the ascending aorta. The classic triad (hypotension, back pain, and palpable mass) is only present in 25-50-% of cases. The International Registry of Acute Aortic Dissection (IRAD) study shows that those with Type B dissection have a higher incidence of presentation with acute renal failure (12.7%), pulse deficit (17.8%), and limb ischemia (7.7%) than those with Type A dissection. Thus, in atypical presentations, the diagnosis of AAD presents a challenge.

CONCLUSION

This case report highlights the importance of clinical suspicion of aortic dissection, a pathology with a high mortality rate, and the need for prompt diagnosis and imaging.