

Aortic dissection that presented to the emergency department of a tertiary hospital in dubai, UAE: A descriptive study.

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Background:

Aortic dissection is a life-threatening condition, with a high mortality rate. It can be classified into Stanford type A or type B. This study analyzes the clinical presentation, risk factors, systolic blood pressure, and the mortality rate of patients with confirmed aortic dissection on computed tomography (CT) imaging. Mortality rate on weekends, weekdays, daytime, and nighttime was also compared.

Methods:

Data records of patient requiring CT aortogram in the emergency department (ED) were examined. 65 patients with confirmed acute aortic dissection on CT were included. Presenting symptoms, demographics, risk factors, and mortality rate were analyzed and compared in those with type A versus type B aortic dissection.

Results:

Chest pain was the most common symptom (43%). Aortic dissection is more common in males than females (83% vs 17%, respectively). A history of hypertension was present in 65% of the participants and the mean age at presentation was 50.6 years. D-dimer was elevated in 95% of the patients, and it is generally higher in patients with type A aortic dissection. The overall in-hospital mortality was 18.5%, with a mortality rate of 40% in type A aortic dissection.

Conclusion:

Aortic dissection can present with various symptoms, therefore requires a high index of suspicion. Chest x-ray has a low sensitivity in detecting aortic dissection and should not be used to rule out aortic dissection. D-dimer can be used as a diagnostic assay in ruling out aortic dissection. Type A aortic dissection has the highest mortality rate and hence necessitates prompt intervention.