

## Clinical Image

## Acute Aortic Syndrome: An Alarm Signal in Hypertension

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Female 49-year-old patient with a history of arterial hypertension and smoking was admitted to the Emergency Department presenting sudden clinical onset of thoracalgia that worsened with respiratory movements. On presenting she was tachypneic (24 breaths/min), sweating, dyspnea (SPO<sub>2</sub>: 89% oxygen saturation on room air), severe hypertension (BP: 198/102 mmHg) and paleness of the skin and mucous, associated with pain of the dorsal region and the hemithorax on the left. Her completed blood count, electrocardiographic and the thoracic X-ray did not reveal any alterations. Due to the persistence of thoracalgia and hypertensive profile of difficult control despite the medical treatment instituted. She underwent thoracic CT scan showing intramural hematoma of the thoracic aorta from the aortic arch and involving the descending aorta, with penetrating ulcer above the celiac trunk (Panel 1/ Panel 2 arrow red). Before this result, is transferred to the unit of cardiothoracic surgery for make thoracic endoprosthesis.

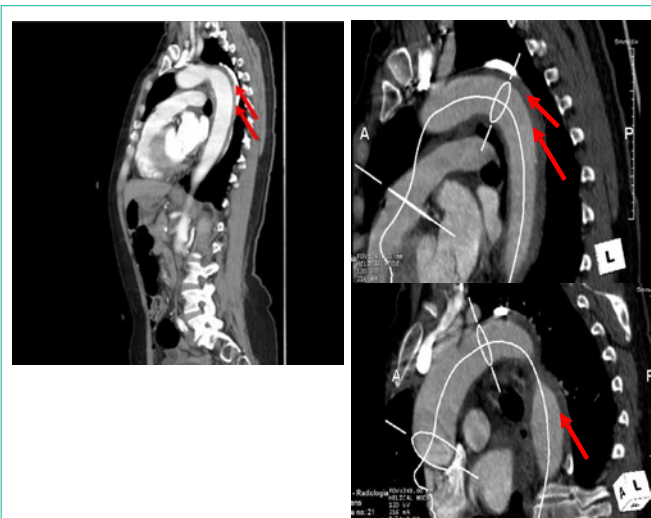


Figure 1: