Diagnostic Images

Aortic dissection complicated by a mediastinal haematoma and haemoptysis

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The patient

A 76 year old hypertensive woman presented with massive haemoptysis and right-sided pleuritic chest pain.

Investigations

A chest radiograph and computed tomography (CT) were performed.

Comment

In the majority of cases of thoracic aortic dissection, the predominant presenting symptom is chest pain, occurring in over 90% of cases. Haemoptysis is a rare but well-documented complication, occurring in 6% of cases.¹ It may rarely be the sole presenting feature² and may occur in association with a mediastinal haematoma.

Figure 1 Mediastinal widening due to aortic dissection associated with a mass lesion in the right mid-zone.

Figure 2 CT scan shows an aneurysmal aorta with an intimal flap and a double lumen involving the ascending and descending aorta (A). There is thrombus in the lateral wall extending towards the right lung (arrows), which corresponds to the mass lesion seen on the chest radiograph.

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In this case the mass lesion on the chest radiograph was accompanied by the typical mediastinal widening seen in aortic dissection. Bronchoscopy did not reveal an endobronchial lesion. The CT scan with contrast enhancement demonstrates the dissection involving the ascending aorta with the adjacent mediastinal haematoma. There was no aorto-bronchial fistula present. The case also illustrates the value of CT scanning prior to attempting a needle biopsy of a mass lesion.

References

1. Hirst, A.E., Johns, V.J. & Kime, S.W. Dissecting aneurysm of the aorta: a review of 505 cases. *Medicine Baltimore* 1958, **37**: 217–279.
2. Guidetti, A.S., Pik, A., Shikar, S. & Ben-Yaakov, D. Haemoptysis as the sole presenting symptom of dissection of the aorta. *Thorax* 1989, **44**: 444–445.