

## Penetrating Double Ulcer of the Ascending Aorta

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Woman of 56 years old, with hypertension, smoking, dyslipidemia, and hypothyroidism was admitted to emergency with chest pain, intensity 8/10, radiated to jaw and back, without hemodynamic decompensation.

*Echocardiogram:* supraslope in D1 to D3, and V4 to V6. Negative cardiac enzymes.

*Chest X-ray:* widened mediastinum.

*Angiotomography (Figure 1):* ascending aorta with irregular walls with band in anterolateral margin compatibles with dissection or hematoma flap.

*Transesophageal echocardiogram (Figure 2):* LV hypertrophy, normal aortic valve, aortic diameter of 4.7cm in the tubular portion (d) image in punch of 0.9cm (A), organized hematoma of 1.02cm that reaches 1cm from the mouth of the right coronary artery (h).

*Intraoperative finding (Figure 3):* two ulcers, right side and left side, 2cm in diameter each one, involving the whole thickness of the aorta (U). During surgery was carried out the replacement of the ascending aorta with Dacron tube of 28mm and the patient progressed satisfactorily.

Acute aortic syndrome includes classic aortic dissection, intramural hematoma and penetrating aortic ulcer. These latter two entities, lacking a mobile intimo-medial flap and double-lumen aorta, are more difficult to diagnose. Penetrating atherosclerotic ulcer was first described by Shennan in 1934. (1).

By definition, it is that atherosclerotic plaque, which after an initial erosion and ulceration, breaks the internal elastic lamina and comes into the middle layer (2).

Despite advances in diagnosis and treatment of acute aortic syndrome, mortality remains high without treatment: 33% according to the RESA study (3) and 26% according to the IRAD study (4).

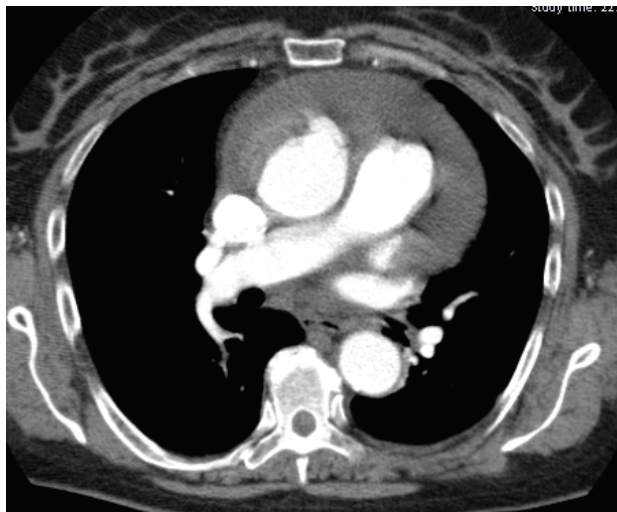


Fig. 1.

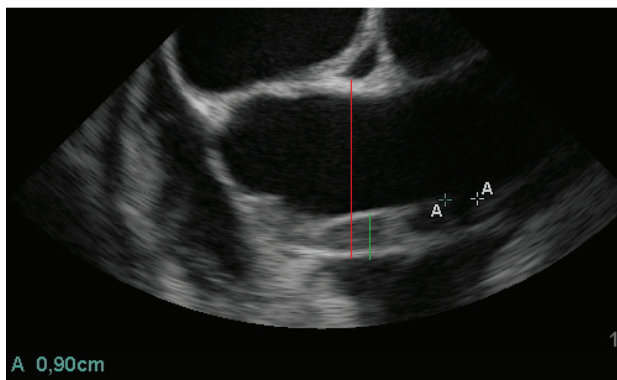


Fig. 2.

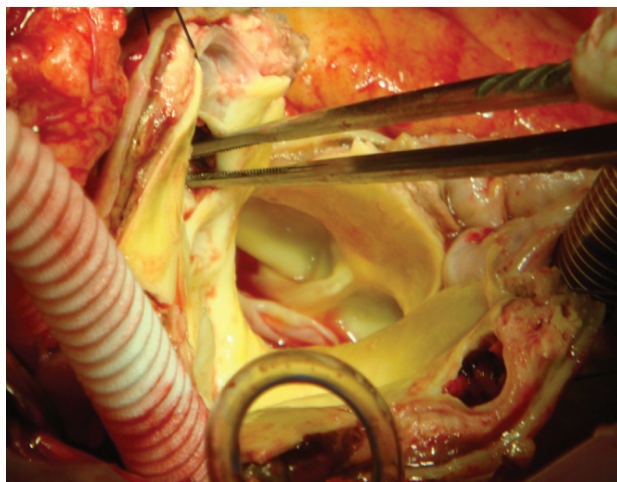


Fig. 3.

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