

Arterial hypertension and aortic dissection

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Background. Aortic dissection is an emergency in cardiology and cardiac surgery with high mortality. The most common risk factor associated with aortic dissection is arterial hypertension which is mainly poorly regulated.

Case report. Female, 22 years old in IV month of pregnancy underwent emergency cardiac surgery because of aortic dissection DeBakey type I, Bentall intervention, and on the second postoperative day due to intrauterine fetal death underwent evacuation curettage. Six years later was hospitalized because of thrombosis artificial aortic valve, the past few days was not taking anticoagulant therapy. Male, 57 years old, underwent emergency cardiac surgery because of aortic dissection DeBakey type I, interposition tube graft to the ascending aorta. Six years later was hospitalized due to unregulated resistant hypertension. On admission in the routine laboratory tests hypothyroidism was determined with TSH immeasurably high. Levothyroxine substitution was started.

Conclusion. Chronic dissection of descending and abdominal aorta mainly persists after surgery and requires continuous and regular medical monitoring, adequate arterial hypertension regulation and detecting possible complications.

Keywords: Aortic aneurysm, Aortic dissection, Arterial hypertension