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Ultrasonic diagnosis of DeBakey II aortic dissection missed diagnosed with CTA: Case report

超声诊断 CTA 漏诊 DeBakey II 型主动脉夹层 1 例

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[关键词] 主动脉;动脉瘤,夹层;超声心动描记术;体层摄影术,X线计算机

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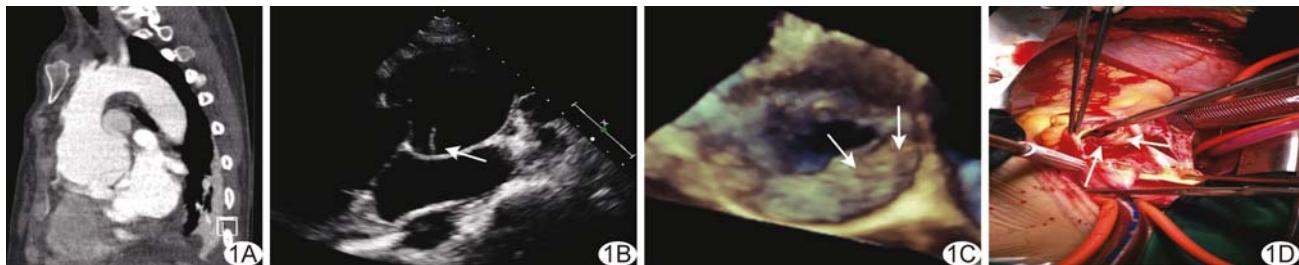


图 1 DeBakey II型主动脉夹层 A. CTA图像; B. 二维声像图; C. 三维声像图; D. 主动脉根部替换术中所见 (箭示主动脉夹层)

患者女,36岁,因“胸闷、气喘3天”入院。CTA示主动脉窦部明显增宽,最宽处约53 mm,降主动脉较细,最细处位于胸段,CTA提示主动脉窦部瘤样扩张,降主动脉较细,心影增大(图1A);因血管搏动伪影较大,建议结合临床及超声检查。二维超声:左心房、左心室增大,主动脉窦部呈瘤样扩张,窦径约54 mm,紧邻主动脉右冠瓣与左冠瓣交界处,上方可见带状回声,长约12 mm,飘动不明显,与主动脉管壁垂直(图1B);升主动脉增宽,主动脉瓣口可探及大量反流。三维超声:动脉根部可见片状膜样结构(图1C)。超声提示:主动脉瘤样扩张伴主动脉大量反流,考虑主动脉夹层(DeBakey II型可能性大)。遂行主动脉根部替换术,术中见主动脉窦部增宽明显,最大径约50 mm,左冠窦可见内膜撕裂破口,夹层形成(图1D)。术后诊

断:DeBakey II型主动脉夹层、主动脉瓣关闭不全、主动脉瘤。

讨论 主动脉夹层指主动脉腔内血液通过内膜破口渗入主动脉壁中层形成血肿,并沿主动脉长轴延伸剥离。CTA检查有助于诊断主动脉夹层,但易受心脏运动产生的图像伪影影响;伪影多发生于主动脉近端,且大部分位于左前壁和右后壁,易与DeBakey II型升主动脉夹层的CTA表现混淆。本例CTA检查主动脉根部图像存在伪影,且主动脉夹层破口局限于根部,可能是CTA漏诊的主要原因。超声心动图可用于诊断DeBakey II型主动脉夹层,声像图表现需与主动脉瓣上隔膜相鉴别,后者常合并主动脉狭窄,由于隔膜部分遮挡瓣口,主动脉短轴切面CDFI可探及主动脉内彩色血流环绕管壁走行。

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