A 51-year-old man was admitted to the hospital for cardiac catheterization because of a small ventricular septal defect documented by echocardiography. Dyspnea on exertion was the leading symptom. Physical examination revealed only weak and delayed femoral pulses, whereas blood pressure measured 185/80 mm Hg in both arms. A grade 3/VI midsystolic murmur was heard predominantly in the left midthoracic region close to the spine. The chest roentgenogram revealed rib notching by increased collateral circulation. Thoracic MRI demonstrated an extreme coarctation (Figure, black arrow) located near the junction of the aortic arch and the descending aorta. In addition, large collaterals were present (white arrows). At catheterization, there was a mean pressure gradient of 70 mm Hg across the coarctation.

Coarctation of the aorta. AA indicates ascending aorta; DA, descending aorta; ITA, internal thoracic arteries; LA, left atrium; and LV, left ventricle.

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