An 80-year-old man with a 1-day history of chest pain was referred to our cardiology clinic. The patient’s right arm blood pressure, pulse, and temperature were found to be 81/53 mmHg, 71 beats/min, and 37.4°C, respectively. Electrocardiography was unremarkable. Chest radiography revealed a widened mediastinum and a small amount of pleural effusion at the left costophrenic angle (Figure A and B). A linear calcium plaque was noted at the aortic knob, located 5 mm from the outer wall (Figure C, arrows). Results of blood examination indicated a D-dimer level of 5.6 μg/mL. The patient was diagnosed with aortic dissection; however, he refused hospitalization despite being provided with the knowledge of the life-threatening nature of his condition. He presented again at our clinic 5 days later with hoarseness. Chest radiography revealed further widening between the calcium plaque and the outer wall of the aorta (Figure D, arrows). Despite intensive persuasion, he refused emergency surgery and died 2 days later.

Disclosures

None.

Figure. A and B, Chest radiograph taken on the patient’s first visit to our clinic. A widened mediastinum and a small amount of pleural effusion are seen at the left costophrenic angle. C and D, Comparison of enlarged aortic knob seen on chest radiographs taken on the patient’s first and second visit to our clinic. A linear calcium plaque is seen at the aortic knob, located 5 mm from the outer wall on his first visit (C, arrows). Further widening between the calcium plaque and the outer wall of the aorta is seen on his second visit (D).
Shifting Calcium Plaque in Progressive Aortic Dissection
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_Circulation_. 2013;128:e239
doi: 10.1161/CIRCULATIONAHA.113.003241
_Circulation_ is published by the American Heart Association, 7272 Greenville Avenue, Dallas, TX 75231
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Print ISSN: 0009-7322. Online ISSN: 1524-4539

The online version of this article, along with updated information and services, is located on the World Wide Web at:
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