Acute Aorta Dissection Associated with Dysarthria and Urinary Incontinance: A Case Report

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Submitted: 27.06.2018
Accepted: 12.10.2018

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Keywords: Aortic dissection; dysarthria; urinary incontinence.

ABSTRACT

Urinary incontinence, the involuntary release of urine, is usually a symptom of a dysfunction of the lower urinary system; however, it may also be a sign of several other conditions. The cause and severity vary.

Dysarthria is a clinical sign. It is characterized by difficulty controlling, initiating, and maintaining speech. Dysarthria can develop as a result of damage to the central and/or peripheral nervous system. There are numerous possible causes; however, the most common is a stroke.

Aortic dissection is a tear in the aorta that allows blood to flow between the layers of the aortic wall, forcing the layers apart. In most cases this is associated with a sudden onset of severe chest or back pain; however, the clinical presentation may vary, which can lead to a delay during the examination. Presently described is a case of aortic dissection with neurological symptoms.

INTRODUCTION

Urinary incontinence, the involuntary leakage of urine, is usually a symptom of a dysfunction of the lower urinary system; however, it may also be a sign of several other conditions. The cause and severity vary.

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CASE REPORT

A 47-year-old female patient presented at the emergency service with urinary incontinence ongoing for 2 days. Dysarthria had also been noticed by people close to patient. Two days prior, the patient had approached another emergency service with the complaints of syncope and urinary incontinence. There were no abnormal findings in the blood tests or a brain tomography performed, and so she had been discharged.

The patient's vital signs were: blood pressure: 130/80 mmHg, saturation of peripheral oxygen: 98%, pulse: 102 bpm, and body temperature: 36.5°C. The systemic examination revealed no lateralization finding or deficit in the motor or sensory nervous system. The electrocardiogram result was 100–110 bpm, with sinus tachycardia. There was no chest or back pain or dyspnea.

The conditions suggested that there must be a pathology of the central nervous system; therefore, cranial diffusion magnetic resonance imaging was performed. Bilateral multiple lacunar infarcts were detected around the lateral ventricle (Fig. 1a).

The patient was also scheduled for a thoracic computed tomography (CT) image with contrast to explore for a possible pulmonary embolism, due to her history of syncope 2 days earlier. The CT image revealed a dissection...
from the ascending aorta to the carotid and iliac arteries (Fig. 1b and c).

The patient’s vital signs were stable and there was still no manifestation of chest or back pain; however, a consultation was performed with the departments of neurology and cardiovascular surgery. Urgent cardiovascular surgery was scheduled. After the operation, the patient stayed in the intensive care unit for 3 days and was released in good condition 1 week later.

DISCUSSION

Aortic dissection cases usually present to emergency services with noisy manifestations.[4] However, it should be kept in mind that they may also appear with neurological symptoms, such as syncope, stroke, vertigo, paraplegia, or quadriplegia.

Informed Consent

Written informed consent was obtained from the patient for the publication of the case report and the accompanying images.

Peer-review

Internally peer-reviewed.

REFERENCES


Dizartri ve Üriner İnkontinans ile Gelen Akut Aort Disseksiyonu


Anahtar Sözcükler: Aort diseksiyonu; dizartri; üriner inkontinans.