

Demonstration of double aortic arch with multislice computed tomography

Çift aortik arkin çok kesitli bilgisayarlı tomografi ile gösterimi

A 67-year-old male patient was diagnosed with larynx cancer. He had no cardiovascular complaints. Physical examination and electrocardiography were normal. Prior to laryngeal surgery 16- slice computed tomography of the thorax was performed for possible metastasis. The presence of double aortic arch was detected. (Fig. 1-2). Double aortic arch is the most encountered vascular ring abnormality. It completely encircles the trachea and esophagus. Aortic arch anomalies that form a vascular ring can compress the trachea and esophagus. It is usually seen as an isolated anomaly. The patients mostly had respiratory and feeding complaints. The anomaly could be missed with transthoracic echocardiography. Besides computed tomography, magnetic resonance imaging is an important diagnostic tool in identifying anomalies of the aortic arch and its branches, and can be considered the imaging technique of choice when planning surgical management, especially when there are associated cardiac anomalies.



Figure 1. Tomographic image of double aortic arch



Figure 2. 3-dimensional reconstruction tomographic image of double aortic arch

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Spontaneous dissection of the left main coronary artery regressed with thrombolytic therapy: evaluation with multislice computed tomography angiography

Trombolitik tedavi ile gerileyen bir spontan sol ana koroner arter disseksiyonu: Çok kesitli bilgisayarlı tomografi anjiyografi ile değerlendirilmesi

Thirty-one year-old female with no coronary artery disease history was admitted for recent onset chest pain. She was a smoker. She denied other atherosclerotic risk factors, illicit drug use, connective tissue disorder, or recent trauma. Electrocardiogram revealed ST-segment elevation in leads V1-6. Her blood pressure was 110/75 mmHg and lungs were clear to auscultation. She was transferred to catheterization laboratory. Intravenous heparin (5000 IU), 300 mg aspirin and 600 mg clopidogrel were given before angiography. Coronary angiography revealed a linear image suggesting coronary dissection, originating from left main coronary artery (LMCA), and involving left anterior descending (LAD) and circumflex (Cx) coronary arteries (Fig. 1). The coronary flow was completely obstructed after the mid-segment of LAD. There was TIMI II flow in Cx and the right coronary artery (RCA) was normal. Percutaneous coronary intervention was not performed because of the diffuse nature of the dissection. She developed hypotension

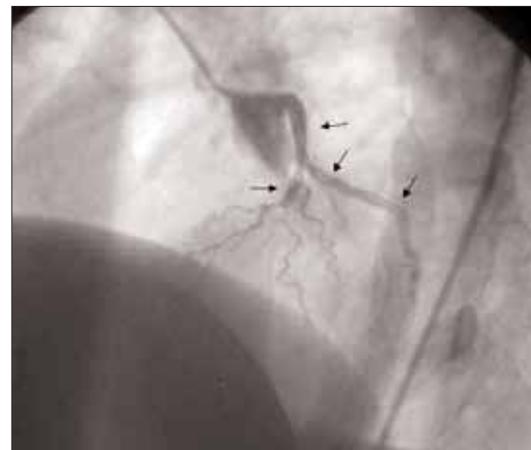


Figure 1. Coronary angiography view of coronary dissection traversing from the left main coronary artery (LMCA) to both left anterior descending (LAD) and circumflex (Cx) coronary arteries