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Letter to the Editor

Aortic intramural hematoma. All-in-one complications

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Aortic intramural hematoma (AIH) is a non-communicating type of aortic dissection that is present in 10–30% of patients with an acute aortic syndrome [1]. Controversy still exists upon the genesis of this lesion as well as its proper management [2]. One of the key

antihypertensive therapy was established. Three days later, the patient had a new chest pain episode. ECG showed sinus tachycardia with no signs of ischemia, and blood analysis documented a re-elevation of D-dimer levels. A new CT study demonstrated the presence of bilateral pulmonary embolism (Fig. 1B). Intravenous unfractionated heparin was initiated and the patient remained clinically stable. Twenty days after the embolic episode, while still in the hospital, she again complained of chest pain, mild re-elevation of D-dimers (up to 1500 ng/ml) was observed, and a new CT documented a classical double lumen aorta involving the whole extension of the previous AIH (Fig. 1C). No signs of pulmonary embolism could be seen. Anticoagulation was maintained and two weeks later she was discharged with vitamin K antagonists.

A CT ambulatory (control) study, three months later, documented the persistence of a double aortic lumen and an increase of the descending aorta and false lumen diameters (40 and 12 mm, respectively). The patient was asymptomatic, systolic blood pressure was normal (≤120 mm Hg), and anticoagulation was discontinued. Following CT studies at 6 and 12 months documented an almost complete regression