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CHG Haguenau

6 juin 2014

Cas clinique

« Live in the box »

Cas clinique

- Homme 72 ans
- HTA, dyslipidémie
- FA paroxystique sous AVK
- Douleur thoracique
- SAMU

Examen clinique SAMU

[illegible]

Douleur rétrosternale constrictive
irradiant dans les épaules +++

PA = 110/70 symétrique aux 2 bras

FC = 80 bpm

SpO2 = 89% en AA

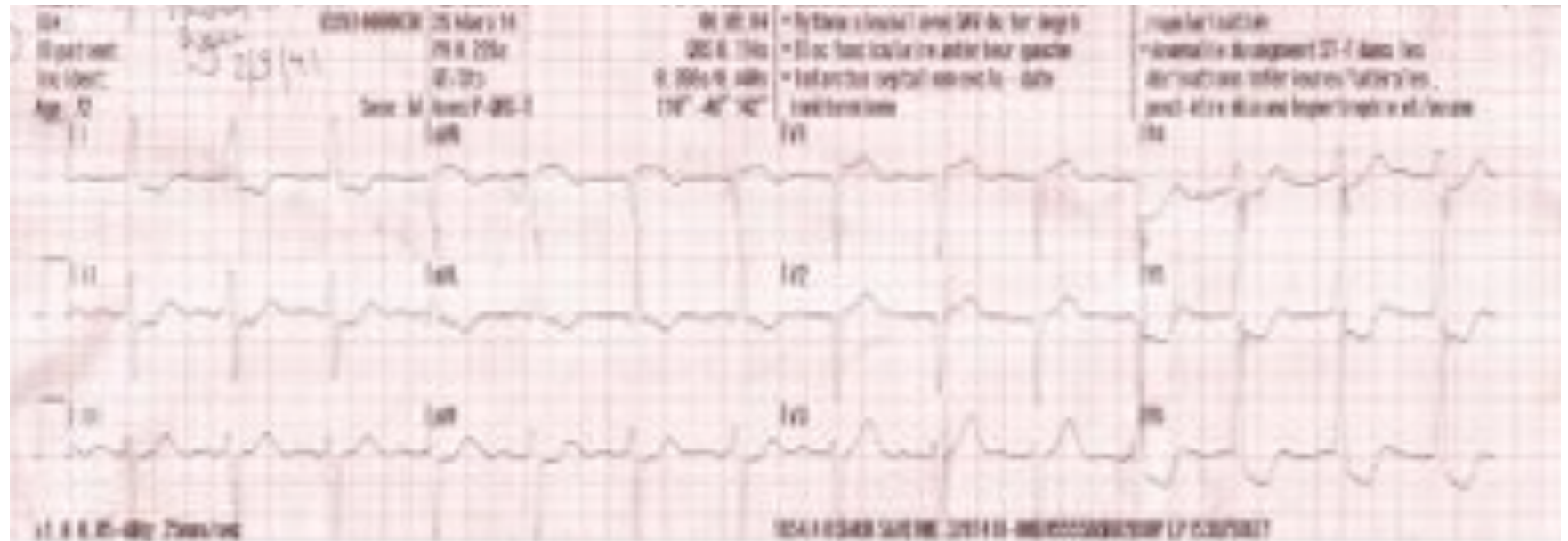
Polynésie

Diminution globale du MV

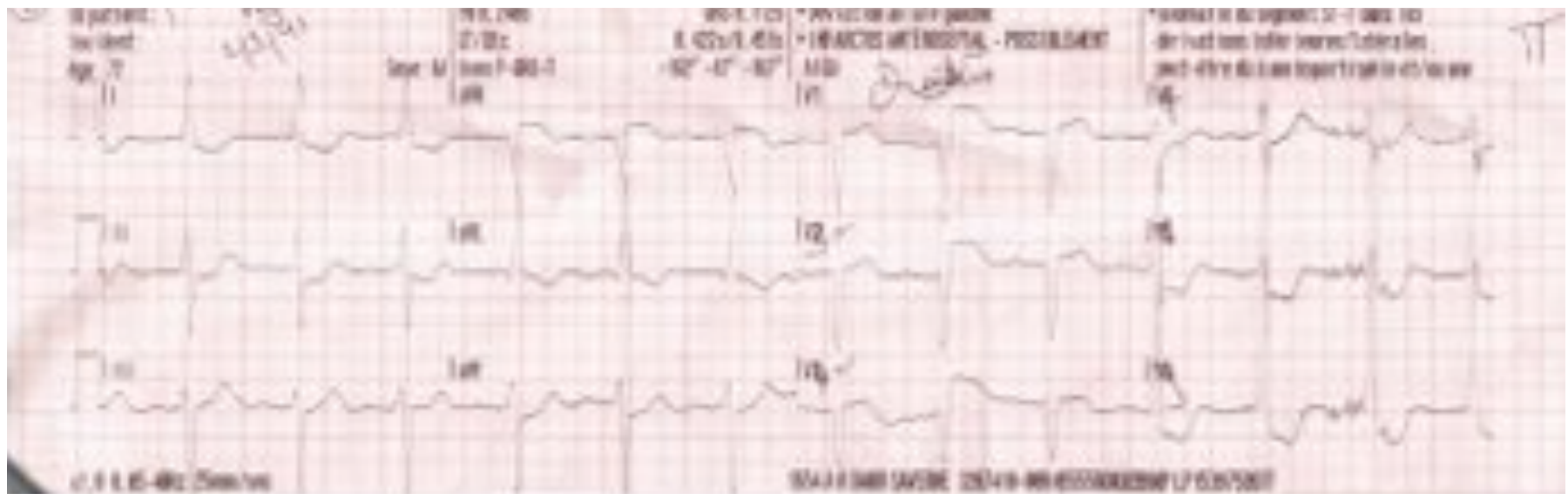
Crépitants aux bases

Pouls périphériques perçus

ECG



ECG



Conclusion : SCA ST + droit

Traitement

- 125mg IV Aspirine
- 60mg Efient
- Morphine 8 mg
- O2
- Patch d'EMLA radiale droite
- Transfert direct sur table de coro h+1

À l'admission

- Douleur thoracique +++
- Choc cardiogénique, OAP
- Sédation, IOT, VM,
Noradrénaline 3 mg/h
- Abord fémoral droit 8 F
- Ballon contre-pulsion 1/1





02051041
72-413
74

Correspondence

25/02/2014 19:02:45
E_14072502145950

Dose in (doy, rnc): 25, 502

02/06/1941
12.000
M

Colonographie

26/03/2014 09:22:55
S_14032609145965

Z: 0.95
C: 175
W: 225

Colorectal (60y,cm2)r 78.429

Et maintenant ???

- Dissection aortique type A
- SCA ST+ (thrombose aiguë du TC)
- Instabilité hémodynamique
- AVK, prasugrel ...
- Avis chirurgien cardiaque

02/07/2011
12:00
11

Continuando viaje

25/07/2011 12:00-12:05
E_14072507145940

25/07/2011
12:05
11

Dados de (50-wcm2): 120.059

02/03/1941
72 ans
M

Compteur 1944

06/02/1914 09:45:04
5_14932529145958

0000
20.000
50.000
100.000

Source: [www.census.gov](#), 84,407



02APR1941

72 ans

M

Form. 1941 1941

1941 1941 1941

1941 1941 1941

2-0-91

01-004

96-287

Dose en (40y.cm2): 38.282

02/05/1941

72 ans

M

Chambre n° 11

25/05/2014 09:02:00

C_14022005_H5160

Z: 0.95

Ci: 178

W: 298

Date ex (40v.cm2): 149.501

02/09/1941

72 ans

M

Scanned image

24/07/2014 09:53:13

S_14972599145958

Doc no 6690071 75054

20.001
20.027
20.001

02/05/1941
72.460
M

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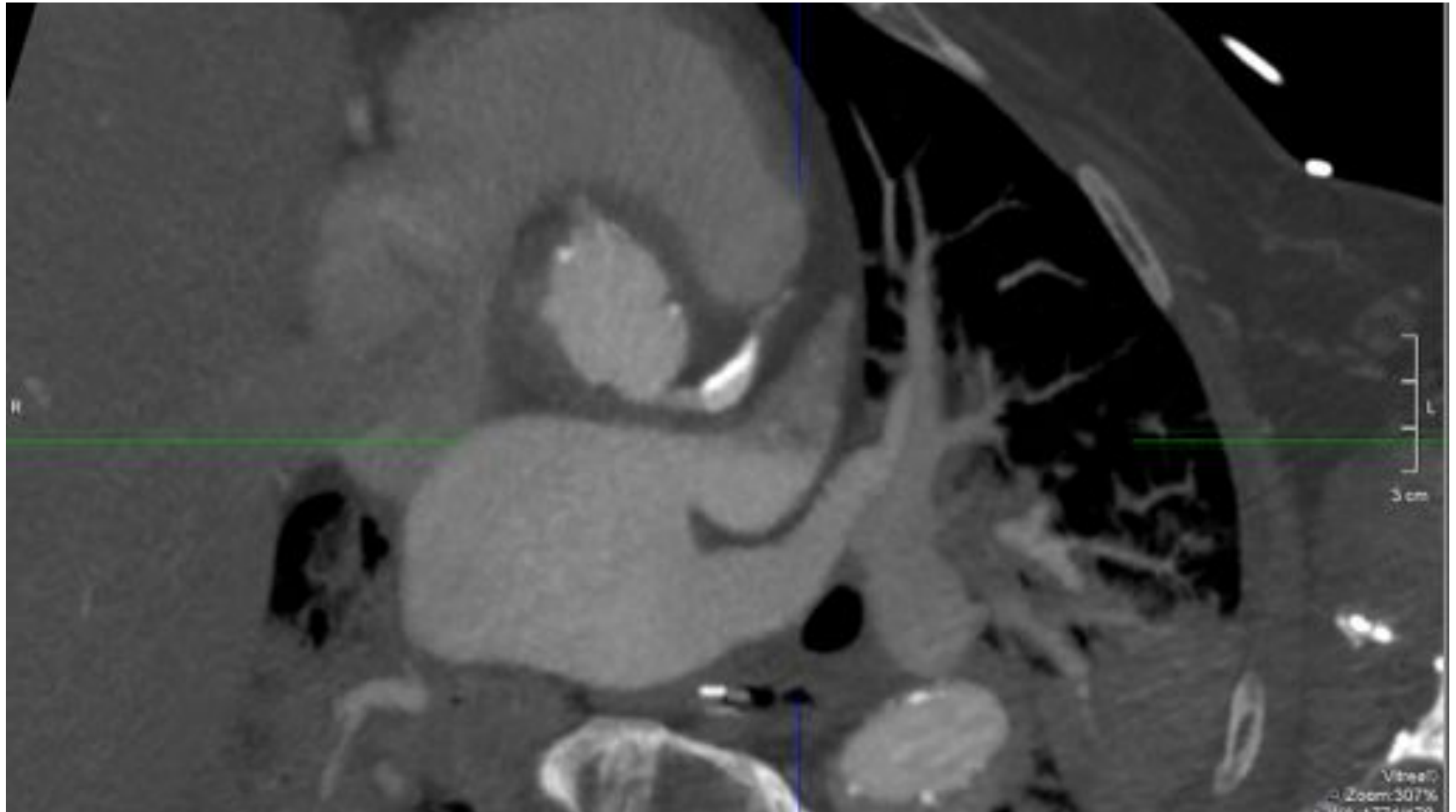
Dose in (d0y.cm2): 55.554

25.0.01
0.1.0.0
0.1.0.0

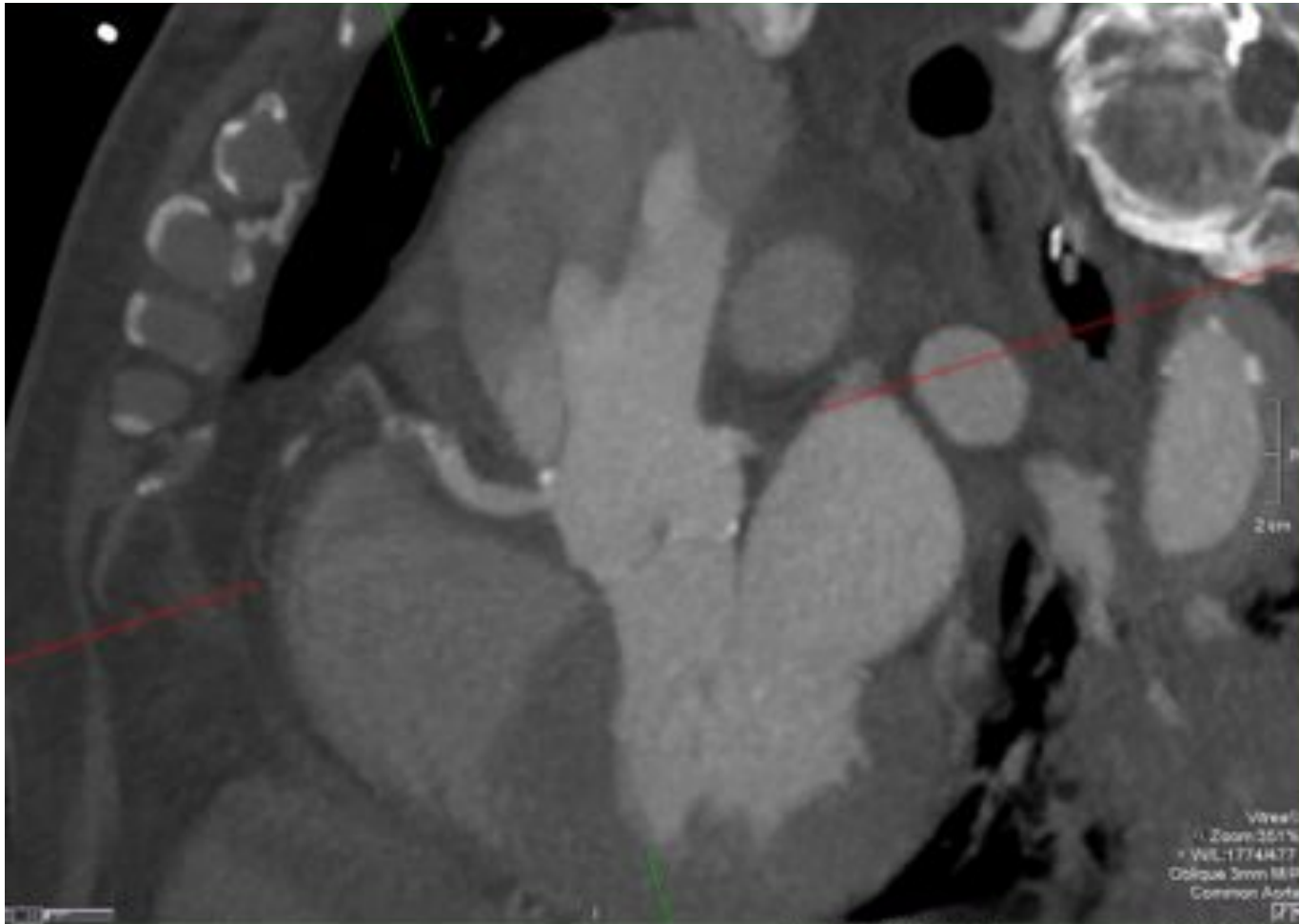
Prise en charge

- Etat hémodynamique relativement stable avec BCPIAo 1/1 et amines
- ECG : normalisation du ST
- ETT : FEVG = 20%, lame péricardique, dissection aorte ascendante, IAo moyenne

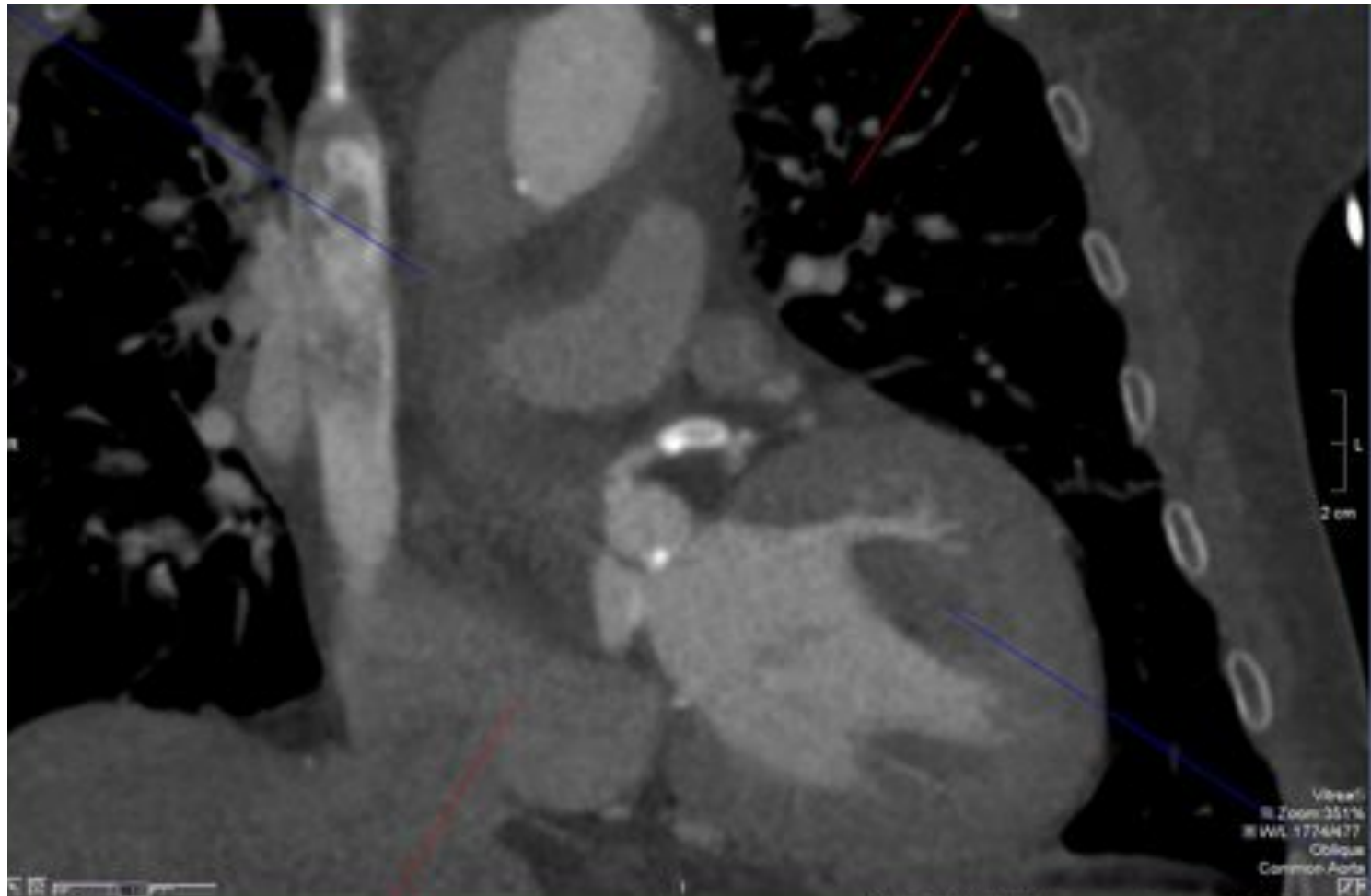
Angioscanner



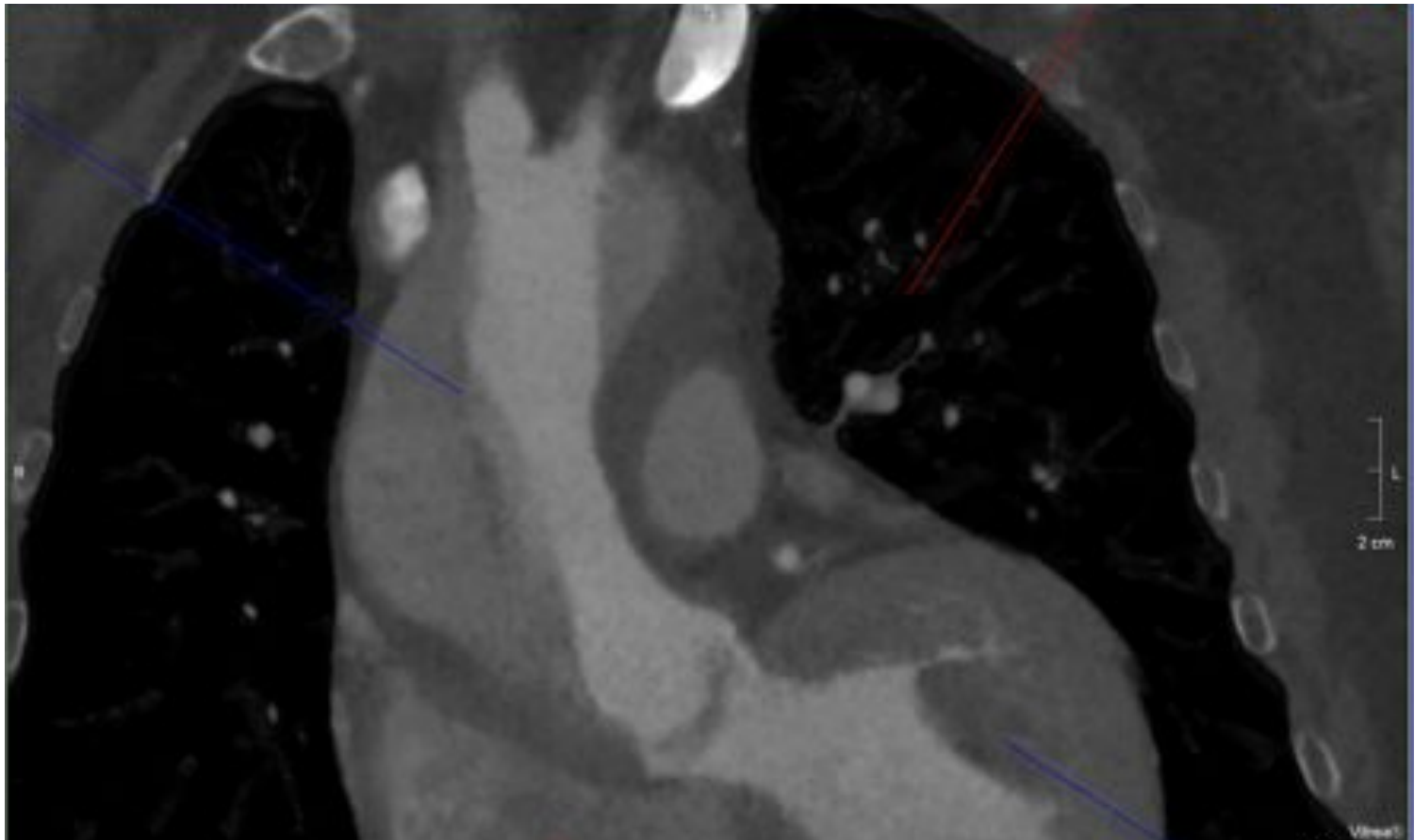
Angioscanner



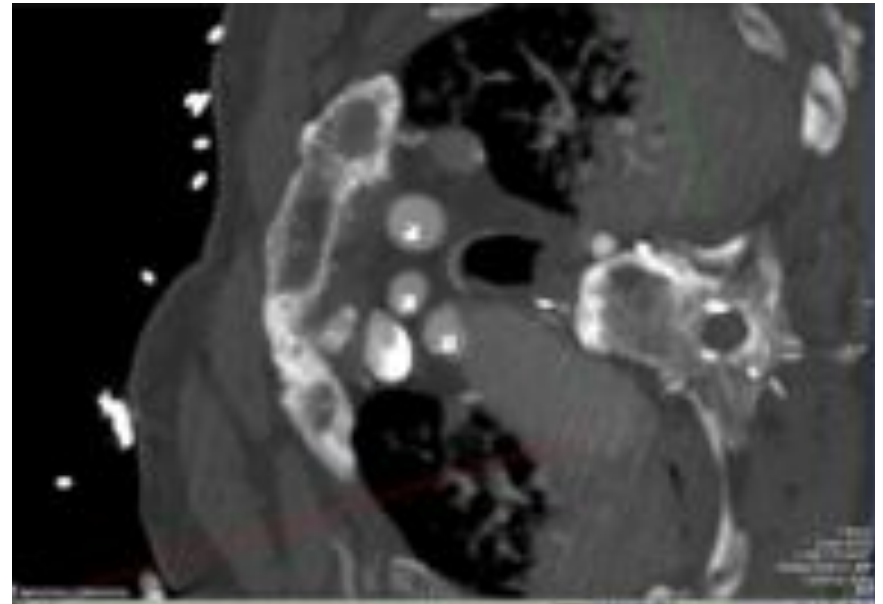
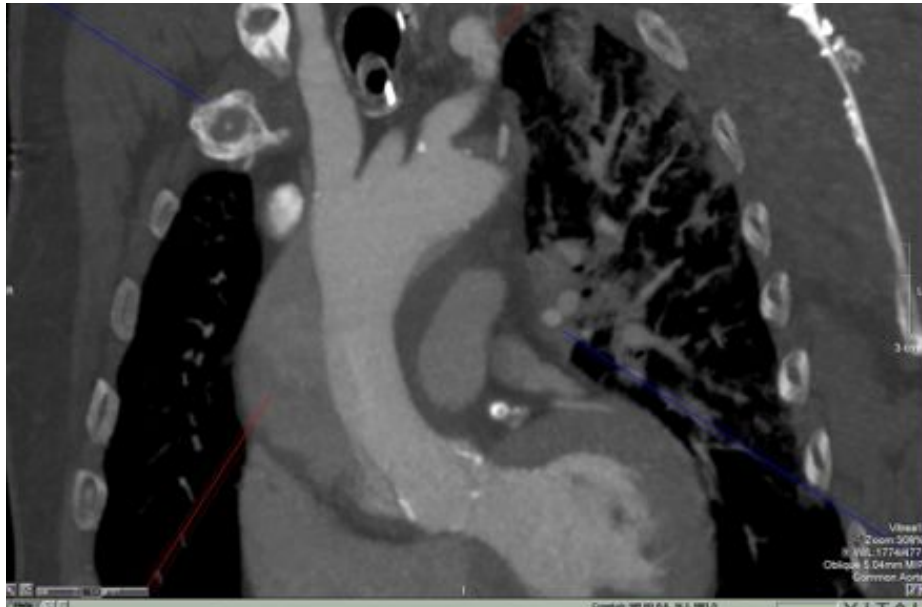
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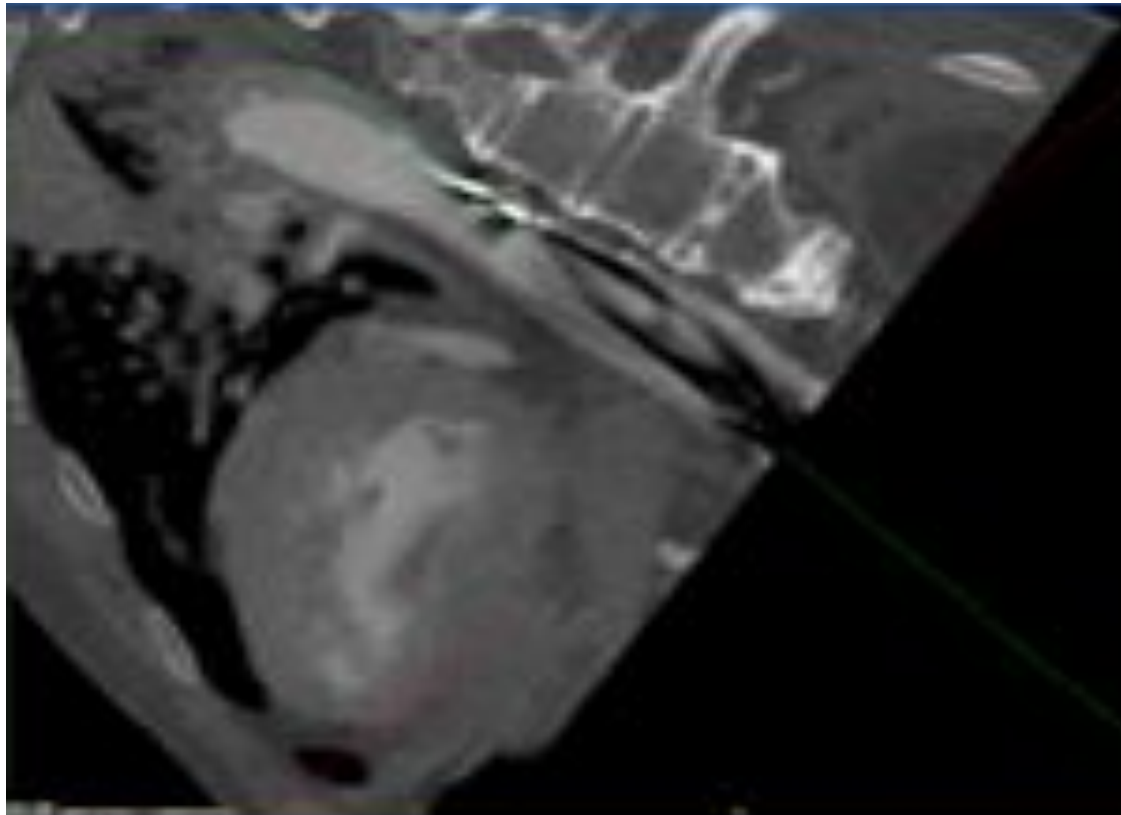
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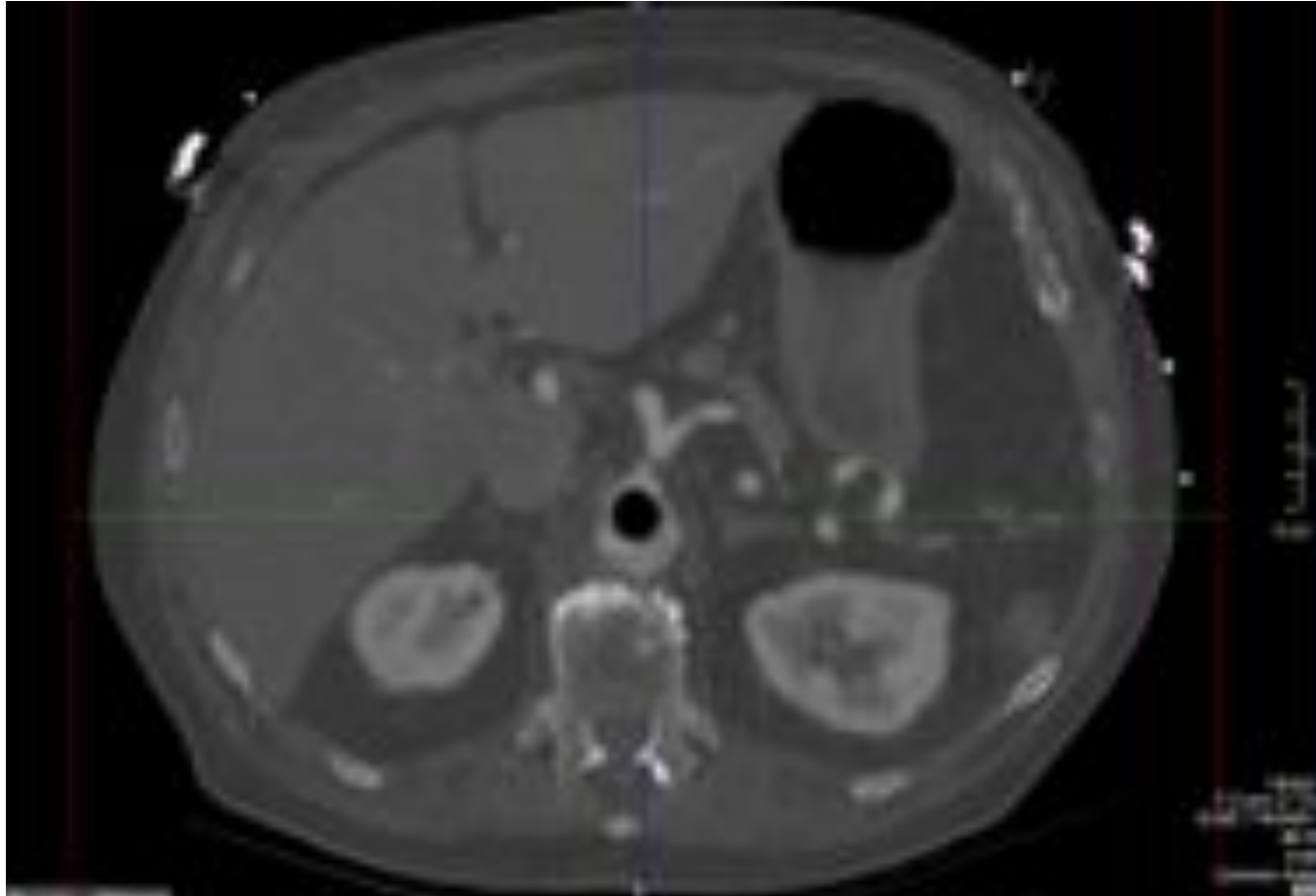
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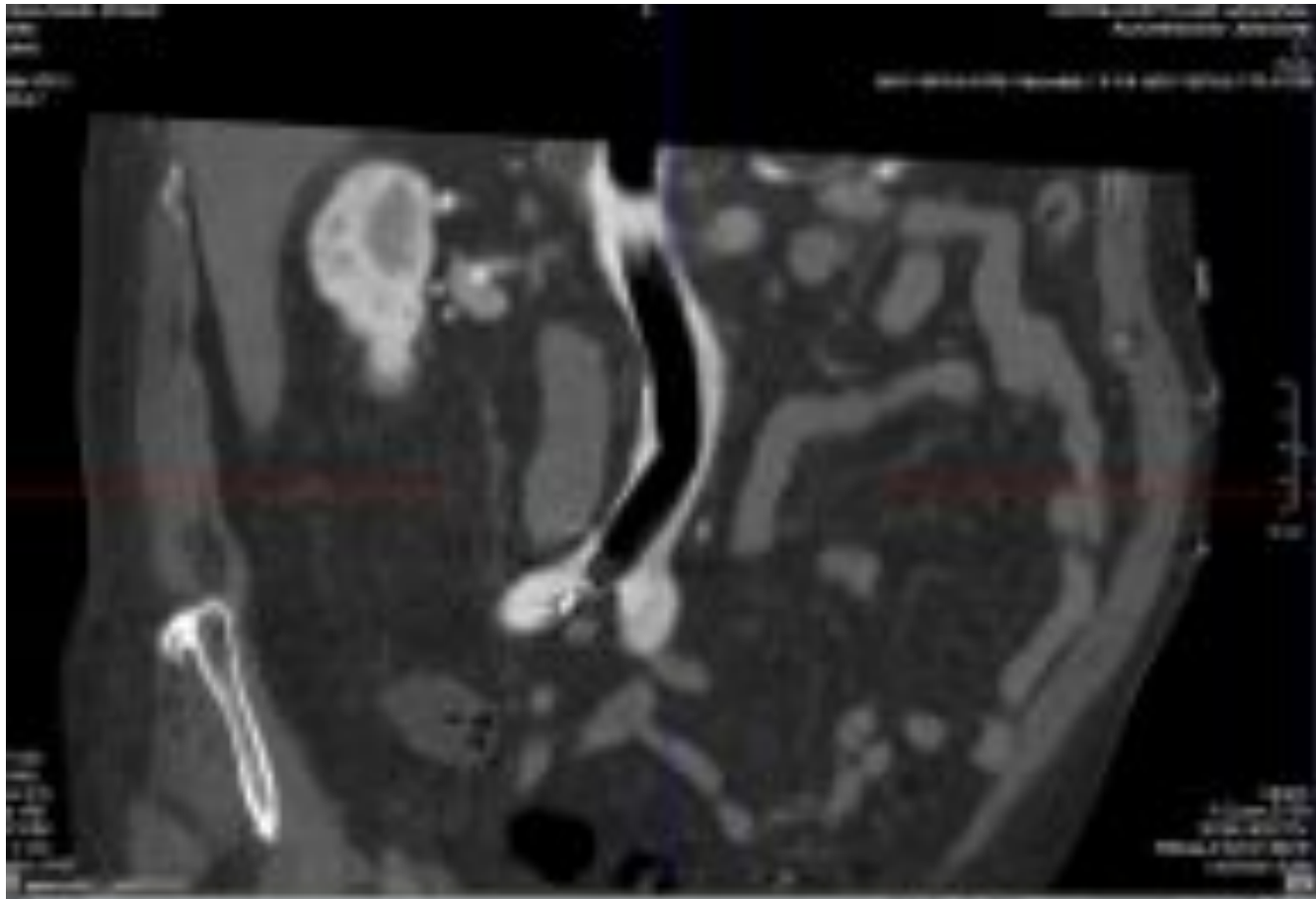
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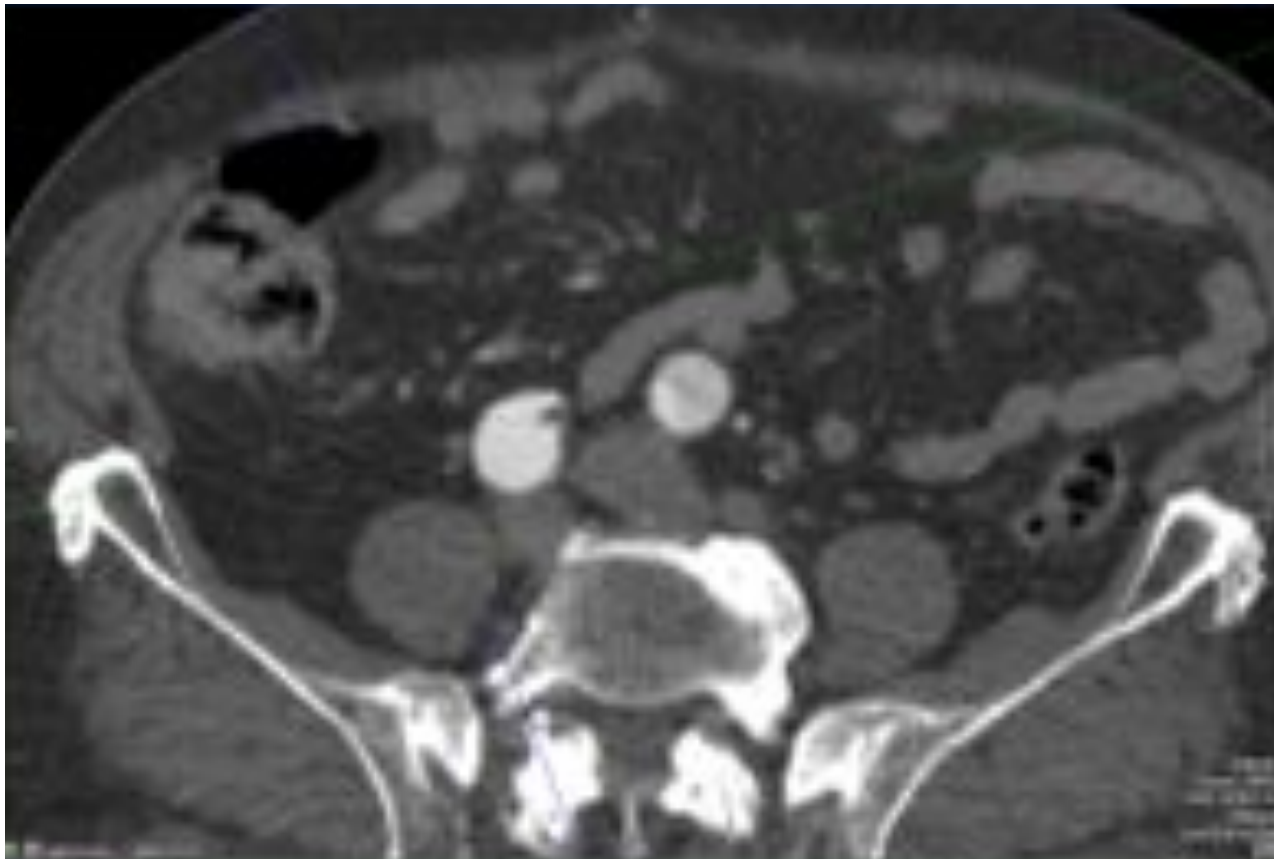
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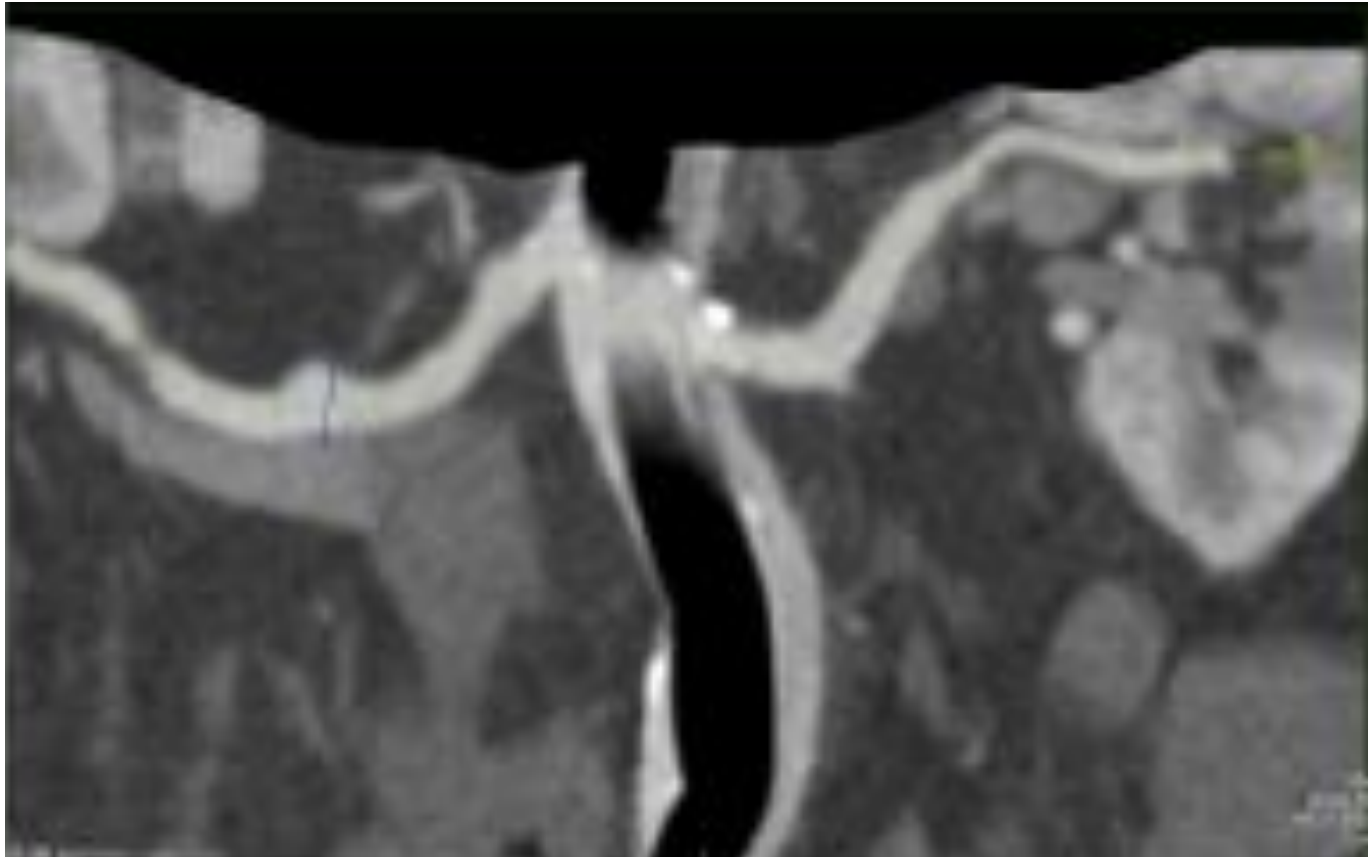
Angioscanner



Angioscanner



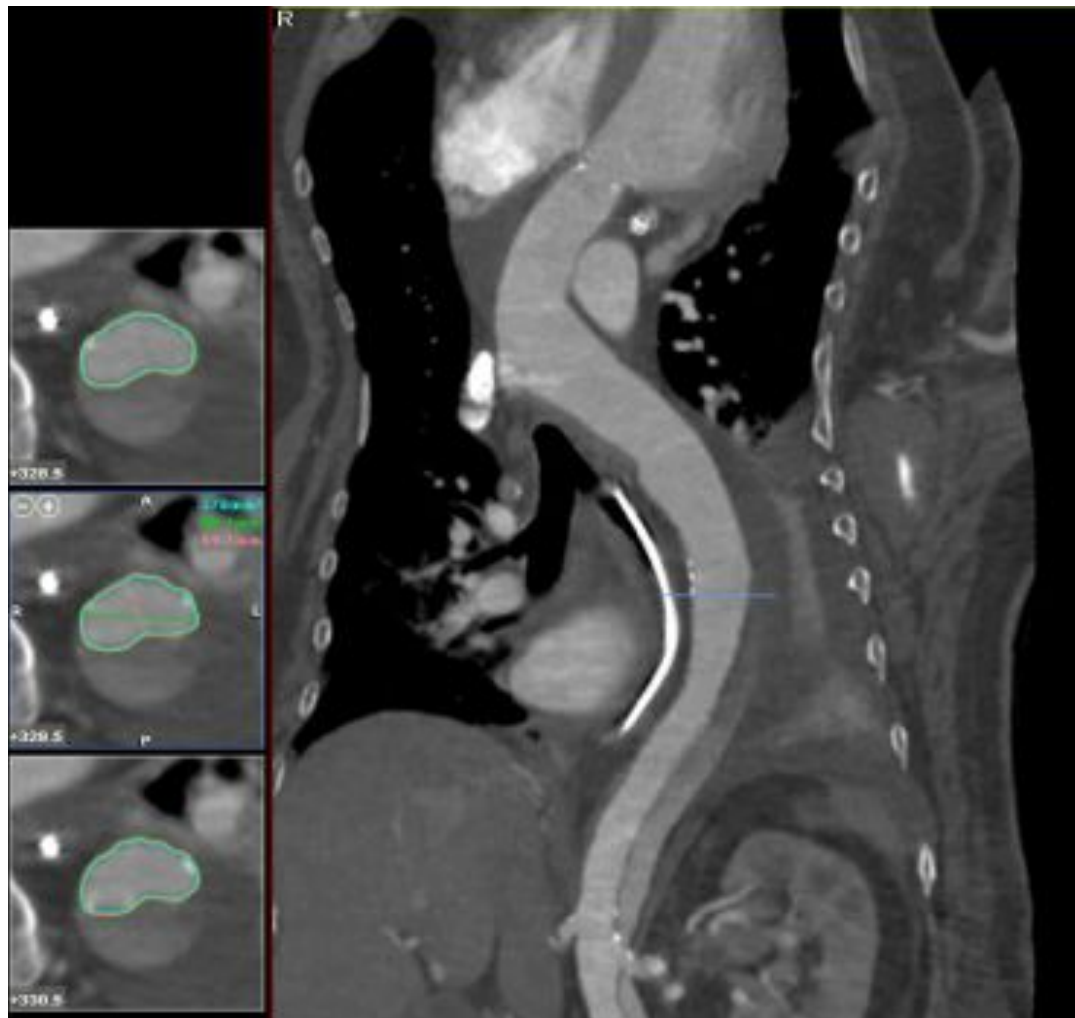
Angioscanner



Transfert en chirurgie

- Intervention de Bentall bioprothétique
- BCPIAo maintenu

Angioscanner M1



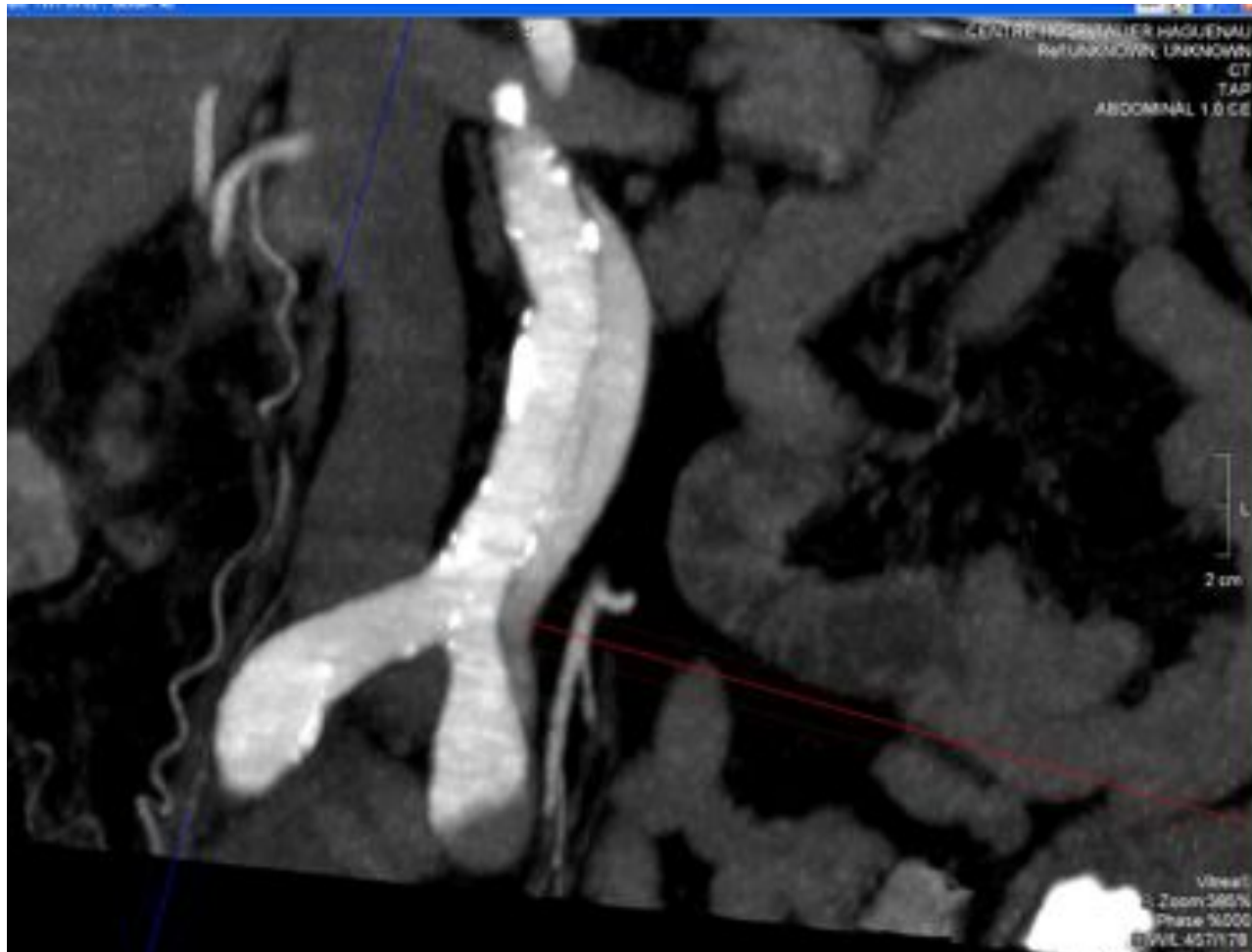
Angioscanner M1



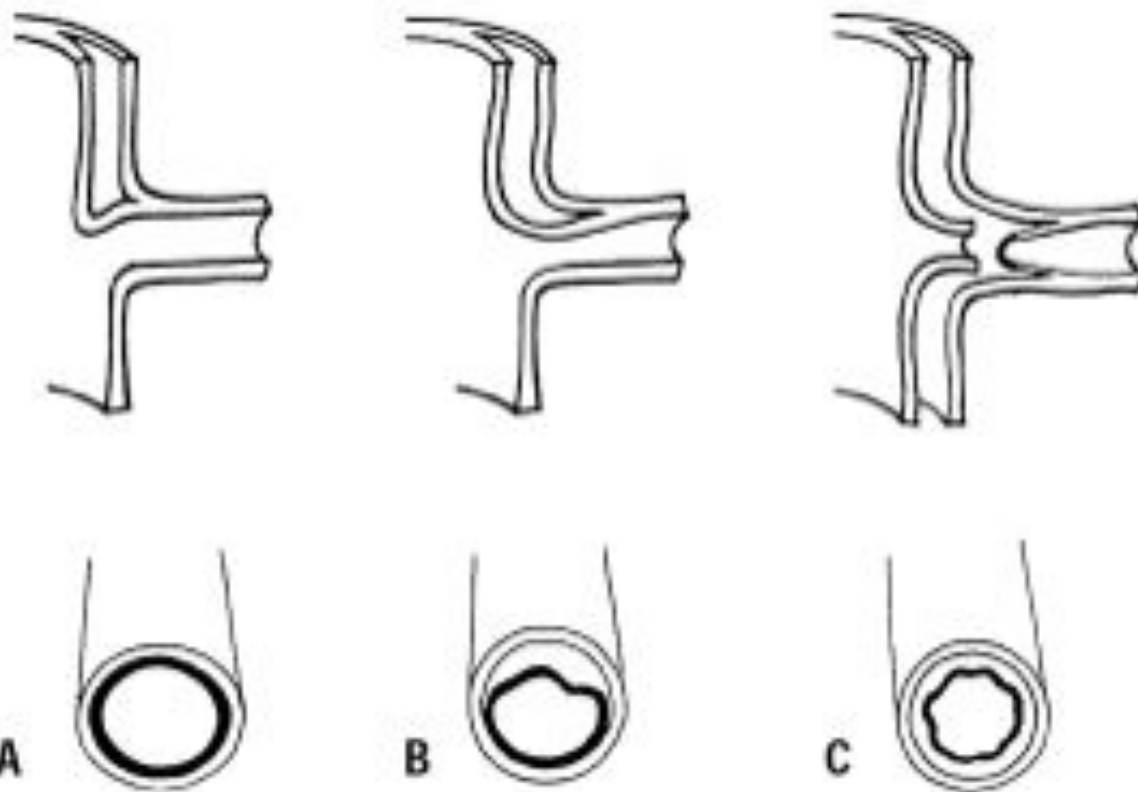
Angioscanner M1



Angioscanner M1



- Hypoperfusion coronaire dans 6 à 11% des dissections aortiques type A
- CD > CG (*Spittell 1993*)
- Dissection coronaire +++ (*Neri 2001*)



Neri et al. J Thoracic Cardiovasc Surg 2001

- Ecrasement diastolique du vrai chenal par le faux chenal
- Spasme coronaire
- Ttt chir urgence
- Mortalité +++

