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# **Breaking Down Aortic Dissection: What You Need to Know**

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#### Abstract

Aortic dissection is a severe medical condition characterized by a tear in the inner layer of the aorta, the largest artery in the body. It poses a significant risk of mortality if not promptly diagnosed and treated. This article aims to provide a comprehensive understanding of aortic dissection, including its causes, symptoms, diagnosis, and treatment options. By breaking down the complexities of this condition, readers will gain insights into recognizing its symptoms and seeking timely medical intervention, ultimately enhancing patient outcomes.

Keywords: Aortic dissection • Diagnosis • Cardiovascular health • Mortality

## Introduction

The human body harbors a network of arteries responsible for transporting oxygen-rich blood from the heart to various organs and tissues. Among these vital pathways, the aorta stands out as the largest artery, serving as the main conduit for blood circulation. However, when a tear occurs in the inner layer of the aorta, a catastrophic condition known as aortic dissection unfolds, demanding immediate medical attention. Aortic dissection arises from a tear in the inner lining of the aorta, leading to the formation of a false channel within the artery wall [1,2].

#### **Literature Review**

This process allows blood to flow between the layers of the aortic wall, creating a separation that weakens its structural integrity. If left untreated, aortic dissection can result in life-threatening complications, including organ damage, stroke, or even death. Several factors contribute to the development of aortic dissection, with hypertension (high blood pressure) representing the most common predisposing condition. Other risk factors include connective tissue disorders, such as Marfan syndrome or Ehlers-Danlos syndrome, atherosclerosis (hardening of the arteries), and trauma to the chest or abdomen. Additionally, certain lifestyle choices, such as smoking and illicit drug use, may heighten the risk of experiencing an aortic dissection episode [3].

## Discussion

Aortic dissection manifests with a spectrum of symptoms, often resembling those of other cardiovascular conditions. These may include sudden and severe chest or back pain, described by many as a tearing or ripping sensation. Other signs can encompass shortness of breath, dizziness, weakness, or loss of consciousness. Given the variability in symptom presentation, prompt medical evaluation is imperative when suspecting aortic dissection. Diagnosing aortic dissection requires a multifaceted approach,

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incorporating clinical assessment, imaging studies, and laboratory tests. Physicians may employ various diagnostic modalities, such as computed tomography angiography, magnetic resonance imaging or transesophageal echocardiography to visualize the extent and location of the dissection. Additionally, blood tests, including D-dimer levels, may aid in corroborating the diagnosis. Immediate intervention is paramount in managing aortic dissection to prevent further complications. Treatment typically revolves around stabilizing the patient's condition, controlling blood pressure, and mitigating pain. In cases of uncomplicated dissections or those involving the descending aorta, medical therapy with beta-blockers and blood pressure-lowering medications may be sufficient. However, surgical intervention, such as open repair or endovascular stent grafting, may be warranted for complex or life-threatening dissections [4].

Aortic dissection poses a formidable medical challenge, demanding swift recognition and intervention to optimize patient outcomes. By elucidating the intricacies of this condition, individuals can empower themselves with knowledge to identify symptoms promptly and seek appropriate medical care. Moreover, fostering awareness among healthcare professionals regarding the risk factors and diagnostic modalities associated with aortic dissection is crucial for enhancing clinical management strategies. Through concerted efforts in education, research, and clinical practice, we can strive towards mitigating the impact of aortic dissection on public health and well-being. Aortic dissection can lead to various complications, depending on the extent and location of the tear within the aorta. These complications may include the rupture of the aorta, which can cause life-threatening internal bleeding, as well as organ damage resulting from inadequate blood flow. Organs commonly affected by aortic dissection complications include the heart, brain, kidneys, and intestines. Additionally, the presence of complications significantly influences the prognosis of patients with aortic dissection, with mortality rates ranging from 10% to 30% in hospital settings [5].

Following the acute phase of aortic dissection management, patients require long-term surveillance and management to monitor for potential complications and optimize cardiovascular health. This often involves regular follow-up appointments with healthcare providers, imaging studies to assess aortic morphology, and medications to control blood pressure and reduce the risk of further dissection or rupture. Lifestyle modifications, including smoking cessation, adoption of a heart-healthy diet, and regular exercise, are also integral components of long-term management strategies. While some risk factors for aortic dissection, such as genetic predisposition and certain medical conditions, are beyond individual control, adopting preventive measures can help reduce the risk of experiencing this life-threatening condition. Managing hypertension through lifestyle modifications and medications, maintaining a healthy weight, and avoiding tobacco use are essential steps in preventing aortic dissection. Furthermore, individuals with known connective tissue disorders or a family history of aortic disease should undergo regular screening and follow-up with healthcare providers to monitor for early signs of dissection. Enhancing public awareness and education about aortic dissection is paramount in facilitating early recognition and intervention. Communitybased initiatives, educational campaigns, and resources aimed at increasing awareness of the signs and symptoms of aortic dissection can empower individuals to seek timely medical care and potentially save lives. Moreover, healthcare providers play a crucial role in educating patients about the risk factors associated with aortic dissection and the importance of preventive measures and regular cardiovascular screenings [6].

#### Conclusion

Continued research efforts are essential for advancing our understanding of the pathophysiology, risk factors, and optimal management strategies for aortic dissection. Collaborative research endeavors involving multidisciplinary teams of clinicians, scientists, and industry partners can drive innovation in diagnostic techniques, treatment modalities, and long-term surveillance protocols. By fostering a culture of scientific inquiry and innovation, we can strive towards improving outcomes and quality of life for individuals affected by aortic dissection. In conclusion, aortic dissection represents a formidable medical challenge requiring a comprehensive approach encompassing early recognition, prompt intervention, and long-term management strategies. By raising awareness, fostering collaboration among healthcare professionals, and supporting ongoing research endeavors, we can work towards reducing the burden of aortic dissection and improving patient outcomes on a global scale.

## Acknowledgement

None.

## **Conflict of Interest**

None.

# References

- Hebebrand, Moritz, Georgia Vasileiou, Mandy Krumbiegel and Cornelia Kraus, et al. "A biallelic truncating AEBP1 variant causes connective tissue disorder in two siblings." Ame J Med Genet Part-A 179 (2019): 50-56.
- Sanai, Hiromi, Yasuhiko Nakamura, Yuta Koike and Hiroyuki Murota, et al. "The detailed obstetric course of the first Japanese patient with AEBP1-related Ehlers– Danlos syndrome (classical-like EDS, type 2)." J Obstet Gynaecol Res 49 (2023): 1043-1047.
- Syx, Delfien, Inge De Wandele, Sofie Symoens and Riet De Rycke, et al. "Biallelic AEBP1 mutations in two patients with Ehlers-Danlos syndrome." Hum Mol Genet 28 (2019): 1853-1864.
- Bertoglio, Luca, Alessandro Grandi, Niccolò Carta and Tommaso Cambiaghi, et al. "Comparison of anatomic feasibility of three different multibranched off-the-shelf stent-grafts designed for thoracoabdominal aortic aneurysms." J Vasc Surg 74 (2021): 1472-1482.
- Leyon, Joe J., Tracey Littlehales, Balaji Rangarajan and Edward T. Hoey, et al. "Endovascular embolization: Review of currently available embolization agents." *Curr Probl in Diag Radiol* 43 (2014): 35-53.
- Geisel, Dominik, Bernhard Gebauer, Maciej Malinowski and Martin Stockmann, et al. "Comparison of CT and MRI artefacts from coils and vascular plugs used for portal vein embolization." *Eur J Radiol* 83 (2014): 692-695.

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